

Lessons hard won: *An introduction to the theory and applications of 'consulting your consultants'*

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In this article, I offer an introduction to the narrative practice of consulting your consultants and how acknowledging and circulating the knowledge of children and families can become powerful processes for the child and family at the centre of our work, other children and their families and us as practitioners. I also discuss some of the ways this has been employed previously and offer some possibilities and ethical considerations for those who wish to begin using this approach in the contexts in which they work.

What is 'consulting your consultants'?

The notion of consulting a consultant is probably not an unfamiliar one to most of us. We often think of a consultant coming from a position of expertise, offering us guidance, the heuristics and lessons hard won from their experience. In fact, for most of us, we would have consulted a consultant for various aspects of our lives, whether personally or professionally, in medical, financial, or therapeutic arenas, or had the experience of agencies offering 'consultation' to the contexts in which we work. Implicit is the notion consultants have something powerful and valuable to offer from their experience and we can benefit from the consultation process. Also implicit are structural notions of one who holds expert (and therefore higher-valued) knowledge of the function and dysfunction (or 'truth') of observable structures, who is able to spot error or disease in these structures and offer 'corrective' experiences.

Marston *et al.* (2011) suggest narrative practices acknowledge that, when children and families come to 'consult' with us, they are invited into the knowledge and structures of our own preferred perspectives, hunches and ways of working. They suggest children are often characterised as "*inherently helpless*" and expected to be the recipients of knowledge rather than donating it. Problems are thought of as requiring a response that can only come through a maturational process, often involving some kind of professional guidance. They suggest narrative processes such as consulting your consultants serve to 'flatten hierarchies' of knowledge

between 'experts', adults and children. They suggest it is the practitioner's role to bring children's knowledges to the fore and treat them not only as valuable but as 'invaluable'.

Narrative practices situate children's knowledge as noteworthy and identify this as a community achievement. That is, in sharing this valuable knowledge with others, the child becomes increasingly legitimised. Freeman *et al.* (1997) suggest that

"The process of gathering information to share with audiences begins with the premise that a child... has taken significant steps to revise his relationship with the problem and in so doing has gained knowledge and expertise that may assist others in grappling with similar concerns" (p. 126).

The use of an audience serves to "*strengthen the connection to the new and preferred story*" (Castronova, 2007).

What is the theoretical rationale?

Consulting your consultants is part of the re-authoring process. That is, 'thickening' and giving richness to subjugated stories of people's lives and, in doing this, increasing their visibility. Stories are seen as constitutive in that they shape future experience, not merely offering an interpretive lens to understand the past. In deconstructing exceptions and identifying the 'active ingredients' in the face of the problem, we assist children in telling new stories that can become preferred ways to live their lives. In doing this, we place the child as the protagonist in his or her own story (O'Hanlon, 1994, cited in Freeman *et al.*, 1997) and their heroism can be demonstrated in ways

that may have been hidden amongst more dominant stories within their lives. The process of consulting your consultants allows us to elicit and document alternative knowledge that the child has in reclaiming their lives from problem-saturated accounts.

Freeman *et al.* (1997) suggest consulting your consultants as an alternative model for ending in therapy; replacing one of "loss" with one of a "*rite of passage*". In this way, it is likened to a graduation from client to consultant. Implicit in the concept of graduation is a notion of celebration (Keiley & Piercey, 1999) and that one's life is full of more possibilities and opportunities on account of this.

How is it similar and different to experts-by-experience?

Consulting your consultants involves sharing knowledge in overcoming difficulty with others in similar situations, and experts-by-experience may involve what we can learn about practice and services to help us improve our work with other families. They share similarities in that they both place families in the role of experts in their lives and that their knowledge is not only worthy of respect, but that others can benefit. Both endeavours fit with the narrative notion of "*taking it back practice*" (White, 1997); the acknowledgement of therapy as a two-way process in that we are moved and different on account of our work with families. Both processes offer "*a sense of fair exchange*" (White & Epston, 1992, cited in Fox, 2003) and aim to redress the balance between practitioner and individual and family.

Benefits

As well as the broader benefits outlined above; there are additional benefits to using this process in our work. In acknowledging and documenting resources, competencies, lessons hard won, key moments and 'rules for living', this provides a resource that families can call upon in times of hardship. To those who receive the document, they gain the insight of one who has experienced similar struggles and has overcome or reduced the influence of this in their lives. In this way, this 'local knowledge' gives hope and a sense of connectedness and reduces isolation in that one becomes part of a wider community. From my own lived experience, I have felt the relief, camaraderie and connectedness of people going through similar medical treatment to me. There was something special about sharing experiences with someone who had first-hand knowledge of my life situation from their lived experience that gave me relief beyond what I can fully put into words. Someone else who could wallow in the awfulness with me and joke irreverently with a permission that comes from experience, which from someone else would feel 'insensitive'. They could share some of my fears and hold on to some of my hopes in a way friends and loved ones could not in their attempt to navigate the scary and unfamiliar landscapes we were journeying into. This sense of connectedness is a long-recognised transformative benefit of group work and often referred to as 'normalising'. Narrative therapy has been used in groupwork with people who have been given a diagnosis of AIDS (Dean, 1995) and Fybromyalgia, (Kelly & Clifford, 1997, cited in Lange, 2004) and educational parenting groups (Lange, 2004) and transformed separate experiences of suffering into shared insights, intense connections, and comfort (Dean, 1995). It may be that children and families are less likely to dismiss guidance given by someone in a similar position than by an 'expert'. Lange (2004) in a comparison of narrative-parenting group work (which incorporated a reflecting team made up of parents from the group) and 'expert'-led group work found the narrative group appeared to learn more than the expert-driven group. Lange hypothesises this might be through listening to the stories of others, or as narratives reflected upon, enabling new learning..

Consulting your consultants may also give a voice to the 'not-yet-said' (Rober, 2002) and allow other children to name resonances or give words to an experience that yet has none. The practitioner may use a consulting-your-consultant document as an opening to discuss issues that have not yet been said to 'warm' the context. From my own practice, I used ideas from Swanston, Bowyer and Vetere's (2013) interviews with women and children on the impact of domestic violence, to discuss with a family the idea that people may develop sensitive 'mini-radars' to detect any signs of relational threat and wonder whether they think that might be something that goes on between them. Jerry and Kelsey (names changed) thought this was something that often happened between them and had them trapped in a 'conspiracy of silence' where difficulties were not spoken about for the fear it would injure the other. This allowed a shared language and understanding of what got in the way of their preferred way of being and a point of entry to restorative conversations of taking relational 'chances' in line with their preferences.

I also wonder whether, in sharing the expertise of other families, this conveys a sense of understanding that you, as a practitioner, have helped a family to a successful outcome and may have some knowledge and sensitivity to the issues at play. Whilst there remains a threat that this could be invalidating of that family's unique experience, I wonder whether there is a possibility of some comfort in that the practitioner 'sees' you, tentatively understands part of your experience and can hold some of the intricacies 'in mind', and that both family and clinician can contribute to a useful therapeutic relationship in their different ways.

For services, in a climate where participation and experts-by-experience is increasingly emphasised, consulting your consultants fits well with government agendas such as Children and Young People Improving Access to Psychological Therapies (CYP IAPT, 2015) where clear structures and systems are implemented to enable children and parents or carers to contribute to how services are delivered in a meaningful way to make improvements and share good practice. For the practitioners Freeman *et al.* (1997) suggest that it has the undeniable advantage of increasing their stock of ideas and inspiring

work. From a personal perspective, consulting your consultants invites us not to overlook seemingly unimportant nuances because it has not (yet) resonated with our own lived experience (e.g. important things for practitioners to ask about becoming a man when your dad is no longer in touch with you).

How has it been done before?

In their book, *Playful Approaches to Serious Problems*, Freeman *et al.* (1997) document many ways this can be done and is an excellent resource for practitioners to consult when considering this approach. There are various forms this process can take and it has been used with a variety of difficulties:

- **'Communities of concern'** – the expertise of people facing difficulties are circulated and available to communities of people struggling with the same problem e.g. Anti-Anorexia League (Epston, 2000) The League against Upsets after Divorce or Family Change (Hampson, 2006) and addiction (Anthony, 2004). These are often added-to as more people share their experiences.
- **Handbooks:** These offer a discrete body of knowledge on a person or group's way of actively resisting the influence of the problem in their lives. It has been applied to areas such as child sexual abuse (Hillier, 2001), fears and phobias (Hampson, 2010) and losing a loved one to suicide (Sather & Newman, 2015).
- **Co-research:** This is a way of collaborating and inviting people of various cultures and backgrounds to interpret and study their own lives. In this way, the researcher and participants become partners (Dulwich Centre, 2004). Co-research has joined researchers and participants together in the face of respiratory disease (Epston, 1999), anorexia (Epston, 1999), dystrophic emolysis bulosa (Epston, in Dulwich Centre, 2004), researching people's experience of narrative therapy and the contribution they bring to the therapeutic process (Redstone, 2004) and the effects of certain questions in the those processes (Morgan, 2000, Epston & White, 1992, cited in Dulwich Centre, 2004).
- **Rite of passage:** Using narrative

questions to celebrate the transition from master's students to graduating family therapists to honour change in identity status to a preferred one (Keiley & Piercey, 1999)

- **Multiple family-group interventions:** For school non-attending children and their families in Hong Kong (Yuk King, 2012).

Possibilities for conducting 'consulting your consultants' experiences

Freeman *et al.* (1997) suggest interviews in final sessions in line with a 'rite of passage' ending. They suggest interviews in which a child's "alternative knowledges" are elicited and documented. This may take the form of a reporter-style interview that I have found many young people have liked as they have often watched their favourite band, actor, pop star, or sportsman or woman being interviewed about their latest performance.

In my work, I have used the process as a definitional ceremony where the family and I have invited people in who may benefit from being caught up on the young person's expertise; for example community paediatricians, learning mentors and teachers who may be more captured in a problem-saturated account of the child or those who have been supportive in assisting the child in exploring preferred territories of their life. I co-create a therapeutic document with the young person and family that can then become circulated to wider audiences with the family's consent; for example to catch the GP up on the work we have been doing or to share with other young people who may be struggling with similar difficulties (e.g. 'Top tips for dealing with your blood and body phobia').

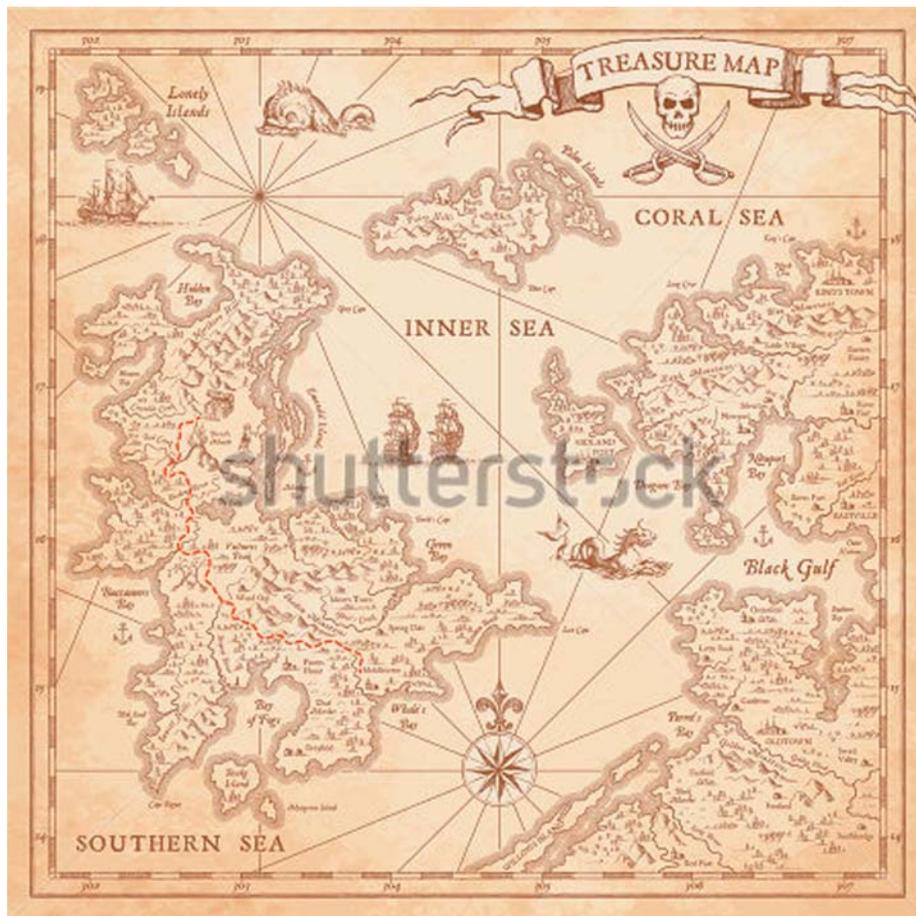
Madigan (2015) suggests the following as example questions for these interviews:

"Given your expertise is the life-devouring ways of worry, what have you learned about its practices that you might want to warn others about?"

"As a veteran of worry and all that the experience has taught you, what counter-practices of fun and risk would you recommend to other people struggling with worry?"

Epston (1999) suggests the following questions for discussing another person's experience with an individual or family:

- *Lee, did Judy's account of her betrayal by*



anorexia ring any bells for you?

- *Lee, did Judy's account of her betrayal by anorexia enable you to see anything about anorexia that it had been blinding you to up until then?*
- *Lee, did Judy's account excite your mind in any anti-anorexia way? And if so, how?*
- *Lee, were you able to connect in any way, shape or form with Judy's account?*

I found it helpful to have such example questions when I started using this process in my own work. I have found it helpful and exciting to include questions from the following categories of inquiry:

- Impact, effects and influence of the problem on the young person and others around them
- The problem's plans for them and their take on that
- Key events and realisations
- The contributions of others in key realisations (including the therapist's, so they can do more of this with other young people and families experiencing similar challenges)
- Things others did that helped and what difference that made
- Advice they gave themselves
- Things they decide to do differently and the effects of that on themselves and other people

- Using Hugh Fox's intentional state identity categories (cited in Gollop & Pulley, 2015) what intentions, values, hopes, dreams, principles this advice and actions reflected.
- What different actions or self-advice allowed others around them to do, think, hope, feel and see.
- Top tips for others
- What might others (including therapists) overlook that is important about that experience or situation if they had not been through it?
- What would they have wanted to know about or do at the start of their journey with us as a practitioner and how that would have helped?
- What would it be helpful to catch others up on at the start of their journey with us?

Are there any drawbacks or ethical considerations?

In a climate of increasing waiting lists and pressures to reduce contacts, consulting your consultants can become a resource-hungry demand on limited resources. It can take time to prepare, draft and circulate documents, as does updating the person on responses to their story (if they want that). If this is something you feel particularly moved to

use, I would suggest developing templates and build it in to the natural reviewing process of your work or as part of a discharge summary that you co-create in the place of perhaps more traditional ways of updating referrers or GPs.

It is important that how, when and what will be used, and what pseudonym they would prefer (if they would like a pseudonym), is thoroughly clarified and consented to. Ensure that the document is agreed in its final form with the family and continue to check back whether they still wish their document to be 'live'. All of the families I have worked with have been extremely generous of their experience and are happy for their 'heroism' to continue to be interwoven into the fabric of their own and other people's lives. However, you must be prepared for the young person to change their mind about their information being circulated, or receiving updates on how their knowledge is helping others.

One final, but important factor to consider is whether a child or family want to be the expert or receive someone else's expertise. It is important we do not presume this fits for all and is a 'truth' about valuing experiences because it's intention is honourable. It is important to use the guidance of families with other families on their therapeutic journey sensitively, and to consult families as to their readiness for receiving the wisdom of our consultants. Does it give hope or does it enhance misery by highlighting the discrepancy between where they are and where the other family has got-to?

Conclusion

Consulting your consultants has been a transformative therapeutic practice in my work. I have never failed to feel enriched and moved by young people and families reviewing their journey with me, and how delighted people are to be invited to share their experiences with others. I watch them grow in their seat as I interview them and glow with pride as they tell me their story from a point of triumph. I enjoy the sense of our actions and thoughts together being interwoven with the families I am yet to meet like a sparkling gold thread of camaraderie that ties our experiences together.

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