Co-Therapy

"Two are better than one, because they have a good reward for their toil"

Kohelet 4:9

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Group Analytic Practice of Dallas

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This experiential workshop is designed for clinicians who are currently practicing co-therapists, have prior experience in co-therapy, or are considering entering a co-therapeutic partnership.

Drawing on clinical vignettes and live role-play, participants will observe and reflect on the relational field of co-therapy—attending to the collaboration, rivalry, resonance, and rupture that may arise within the therapeutic dyad across diverse treatment contexts. We will illustrate ways in which the co-therapy pair can explore the trust/mistrust dynamic in the service of helping the group members develop their tolerance for ambiguity and ambivalence.

We will examine both visible and invisible differences that shape the co-therapeutic pair—gender, age, professional identity, seniority, class background—and explore how these differences are amplified, muted, or enacted within the clinical matrix. When symbolized and metabolized, such differences can deepen the therapeutic process. When disavowed or defensively organized against, they may destabilize both the partnership and the treatment.

In this workshop, we will ask: What strengthens the co-therapy relationship and what weakens it? And how might the co-therapeutic bond itself become a generative instrument of transformation—for the therapists and the patients they serve?

The presenters co-lead a long-term therapy group and co-supervise co-therapy pairs within a group format, bringing sustained, practice-based experience to the discussion.

References

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Workshop Time Schedule

5 Minutes to gather and get seated in the room.

15 Minutes to acquaint members—work environment their goals for this workshop

20 Minutes Concepts and issues arising from introductions

40 Minutes Demo groups on topics and discussion of their questions

10 Wrap up, evaluation, and applications.

GUIDELINES FOR CO-THERAPY COUPLES

Roller, B. and Nelson, V. (1991). Chapter 5: Co-therapy teams in trouble: Impasses and crises. In *The art of co-therapy: How therapists work together.* Guilford: New York.

1. What is our chief motive for being together as a couple?
2. What is our chief motive for working together?
3. Do I know what my partner wants as a result of our collaboration? Am I clear about what I want?
4. What is my greatest fear about sharing work with my partner?

   What is my fear if I do not work with my partner?
5. What will I want to avoid most in our work together?
6. What is my degree of commitment to our personal relationship?

   Can I imagine how it might be threatened by our working together?
7. How much time per week am I willing to devote to our collaboration?
8. What do I need to feel secure in my relationship? What can my partner do to enhance my sense of security?
9. How long do I want the work contract to be? Experimental time frame of _____ months? Strictly time limited? Indefinite?
10. Whom would I prefer as third party consultant if we need help?

CO-THERAPY ISSUES QUESTIONNAIRE

In answering the following questions, you may find yourself in doubt over some. If you spend more than 50% of your time in an activity, answer "yes"; if you spend less than 50% of your time in an activity, answer "no." Likewise, if a question is more than 50% true for you, answer "yes"; if a question is less than 50% true for you, answer "no."

Record your co-therapist's or potential co-therapist's responses later, after he or she has completed the questionnaire separately.

In your work doing therapy:

1. Do you reveal yourself to patients (clients)?

Your response: _____

Co-therapist response: _____

2. Are you adept at being empathic?

Your response: _____

Co-therapist response: _____

3. Are you adept at being analytic?

Your response: _____

Co-therapist response: _____

4. Do you use your imagination and fantasy in work?

Your response: _____

Co-therapist response: _____

5. Are you confrontive in general?

Your response: _____

Co-therapist response: _____

6. Are you supportive in general?

Your response: _____

Co-therapist response: _____

7. Do you incline toward here-and-now interventions?

Your response: _____

Co-therapist response: _____

8. Do you favor careful historical analysis of patient's life?

Your response: _____

Co-therapist response: _____

9. Do you use religious beliefs as an approach to your client's life?

Your response: _____

Co-therapist response: _____

10. Are you attuned to "psychic" phenomena with your patients?

Your response: _____

Co-therapist response: _____

11. Do you believe divorce is a moral issue?

Your response: _____

Co-therapist response: _____

12. Can you accept both traditional and nontraditional relationships between men and women?

Your response: _____

Co-therapist response: _____

13. Are you willing to have a sliding scale in view of a client's ability to pay?

Your response: _____

Co-therapist response: _____

14. Are you generally accepting of the people you see in therapy?

Your response: _____

Co-therapist response: _____

15. Are you quietly enraged by a patient who lies and denies in the therapy session?

Your response: _____

Co-therapist response: _____

16. Are you angered by silent and withdrawn clients?

Your response: _____

Co-therapist response: _____

17. Do you prefer long-term or short-term therapy?

Your response: _____

Co-therapist response: _____

18. Do you like to discuss theories and ideas about psychotherapy?

Your response: _____

Co-therapist response: _____

19. Would you rather be doing some other kind of work than psychotherapy?

Your response: _____

Co-therapist response: _____

20. Do you believe dreams are important in working through the conflicts of your patients?

Your response: _____

Co-therapist response: _____

21. Do you prefer group therapy to individual therapy as a form of treatment?

Your response: _____

Co-therapist response: _____

22. Do you feel competent as a family therapist?

Your response: _____

Co-therapist response: _____

Nine Phases of Co-therapy Team Development

Dugo, J. M., & Beck, A.P. (1991). Phases of co-therapy team development (Chapter 7) in B. Roller & V. Nelson. *The art of co-therapy: How therapists work together.* Guilford: New York.

Phase 1: Creating a contract

In this phase, the co-leaders establish a foundation by creating some formal norms for the critical aspects of their relationship and for the conduct of the group. Also, the way in which they each conceptualize and process the individual and group dynamics is addressed. Possible role differentiations may begin to be explored. The degree of explicitness or implicitness of the contract determines the degree of ease or clarity with which the co-therapy team proceeds.

Phase 2: Forming an identity

The basic task for co-therapists is to establish an initial identity as a team and to form the structure of their relationship. This generates competitive feelings, irritations, differences in personal and conceptual priorities, and the temptation to resolve conflict by the use of power or manipulation. These competitive issues must be resolved, and norms generated that will allow collaborative effort to begin. The co-therapists are challenged to identify issues, clarify feelings, and negotiate a structure that is respectful of both diverging and converging elements in their viewpoints and personalities.

Phase 3: Building a team

Having settled basic structural issues in order to begin a true working relationship, the co-therapists begin to learn about the range and depth of each other's intuitions, conceptual orientation, and intervention skills as these apply to the clinical realities of individual and group dynamics. Learning about each other is becoming a reality while learning from each other is becoming a possibility. Mutual respect is established in this process. A jointly determined style of co-leadership and communication in the group is worked out during this phase.

Phase 4: Developing closeness

The co-therapists establish a deeper interest and attraction based on an actual working knowledge of one another. This process leads to emerging feelings of closeness and attraction, on sexual and other levels. The ways in which closeness is acknowledged, and boundaries are established become central features of this phase. The potential of the relationship as a context for growth and change becomes apparent.

Phase 5: Defining strengths and limitations

The important task of this phase is for the co-therapists to develop realistic perceptions of their strengths and limitations in their own relationship and as therapists in the group. This process stimulates the emergence of underlying needs and leads to intense feelings that, if not discussed and clarified, can trigger acting-out behavior. A new commitment to a deeper understanding of themselves and each other emerges from this struggle.

Phase 6: Exploring possibilities

There is a reworking of the co-therapy contract that allows for exploratory new behavior as persons and greater flexibility in role behavior as therapists in the group. This stage is often a conflict-free period of personal exploration and readjustment of the working relationship.

Phase 7: Supporting self-confrontation

Therapists take responsibility to challenge their own personal and professional frontiers, confronting the issues that interfere with growth. Regressive aspects of these explorations can either be addressed or acted out, depending on the leaders' awareness and ability to confront self-defeating behavior. The mutual support of this process, even when it is difficult, characterizes this phase.

Phase 8: Integrating and implementing changes

The personal insights and changes resulting from the self-confrontations in Phase 7 must now be integrated. Most likely this will lead to changes both personally and professionally and may necessitate a redefinition of the team as well as other dimensions of their relationship. A major task of Phase 8 then involves decisions about continuing to work together and/or supporting each other in the development of new ventures.

Phase 9: Closing

The need for closure exists whether the change at this point is a termination or a redefinition of the co-therapy relationship or of its tasks. A healthy transition requires an acknowledgement to the partner of his or her significance in the shared process prior to the change and a review of what was and was not accomplished.

Table 1
Theories Describing the Phases of Development in Co-Therapy Relationships

Dugo & Beck (1991)	Low & Low (1975)	Lazarus (1976)	Winter (1976)	Gallogly & Levine (1979)	Dick, Lessler, & Whiteside (1980)	Hoffman & Hoffman (1981)	Brent & Marine (1982)	McMahon & Links (1984)
1. Creating a contract	Contract to co-lead (Pre 1)	Contract to do co-therapy (Pre 1)	Encounter (1)	Parallel phase (1): Stereotypes based on previous negotiation	Formation (1)	Preparing (1)	Encounter (1)	Endorsing the co-therapy pair (1)
2. Forming an identity	Differentiation; problems (1)	Power issues (1); leadership building (2)	Differentiation; conflict; norm creating (2)	Authority crisis; inclusion (2)	Development (2)	Polarizing (2)	Power and control (2)	Testing phase (2)
3. Building a cooperative team	Experimented with self changes (1)	Trust; openness to self/others; complementarity (2, 3)	Production (2)		Stabilization (3)	Integrating (3)		Role clarification (3)
4. Developing closeness; innovation	Worked on conflicts in group (2)	In-group self-disclosure; flexibility with methods (3)		Intimacy crisis (3)		Modeling; experimenting; dealing with group conflict (4)	Intimacy (3)	
5. Defining strengths & limitations	Developed new insights (2)			Mutuality (4)		Tolerance of differences (3)		Individuation (4)
6. Exploring possibilities								
7. Supporting self-confrontation	Modeled owning feelings (3)					Fluid roles; androgyny; creativity; balance; rhythm (4)		
8. Integrating & implementing changes								
9. Closing and/or reorganization			Separation (4)	Separation/termination (5)	Refreshment (4)		Separation (4)	Termination (5)
								Grieving; rejoining (6)

Note. Each phase from each existing theory of co-therapy development has been placed in the same row as the Dugo and Beck phase with which it coincides. Parentheses identify the number of the phase to which the author in each case ascribes the issue.

"Firewood"

The piano is not firewood yet
They try to remember but still they forget
That the heart beats in three
Just like a waltz
And nothing can stop you from dancing

Rise from your cold hospital bed
I tell you, you're not dying
Everyone knows you're going to live
So you might as well start trying

The piano is not firewood yet
But the cold does get cold
So it soon might be that
I'll take it apart, call up my friends
And we'll warm up our hands by the fire

Don't look so shocked
Don't judge so harsh
You don't know
You're only spying
Everyone knows it's going to hurt
But at least we'll get hurt trying

The piano is not firewood yet
But a heart can't be helped
And it gathers regret
Someday you'll wake up and feel a great pain
And you'll miss every toy you've ever owned

You'll want to go back
You'll wish you were small
Nothing console your crying
You'll take the clock off of your wall
And you'll wish that it was lying

Love what you have and you'll have more love
You're not dying
Everyone knows you're going to love
Though there's still no cure for crying