



CASA house
Centre Against Sexual Assault



the women's
the royal women's hospital

SHARED COUNSELLING Pilot Program 2005

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Background

CASA House began discussing the shared counselling model in late 2003 at staff meetings, and from these discussions formed a working party to explore the possibilities and prepare a recommendation. A literature search was undertaken that supported a positive response from participants and the practical and beneficial effectiveness of the shared counselling model.

The Education Centre Against Violence (ECAV) in NSW was contacted to develop a two day training program for CASA House. The literature search and information indicated a strong narrative focus in the counselling process and a very positive outcome for the participants. In August 2004 all counselling team members as well as 3 counsellors from other CASAs participated in a two day training workshop led by Judy Wright from ECAV.

Prior to the August workshop most of the counselling team attended 1 day of narrative therapy training at the Narrative Centre here in Melbourne.

As a consequence of the training the following aims, objectives and procedures were developed with the idea of a pilot program being offered in 2005.

Aim

To offer counselling services at CASA House that reach more women; to offer flexibility of service delivery and to trial new ways of working in counselling that compliment a feminist narrative approach to counselling.

Objectives

- To provide an alternative to one to one counselling
- To challenge the secrecy/closed door nature of traditional sexual assault counselling.
- To ensure each woman has enough time and scope to work on her individual issues within the shared counselling context.

- To allow women the opportunity to network within their counselling situation.
- To locate women's beliefs about counselling, and to challenge the dominant view of counselling having to be one to one.
- To challenge counsellors' traditional views of counselling.
- To evaluate the usefulness of this approach, both from a participant's perspective and also from a counsellor's perspective.

Procedures

- Each shared counselling group would consist of up to four women and one counsellor/advocate.
- Sessions would always be within the shared counselling context.
- Sessions should be at least 2 hours fortnightly.
- Counselling techniques be trialled that allow for each woman to have time and space, within a group context.
- Explore with women their beliefs about counselling in the first session and again after the final session.
- Evaluations would be undertaken before the first session, at the seventh session and final session. Women would be told that we are trialling the shared counselling approach and be invited into the process as consultants.
- In the event of a participant being unable to continue within the shared counselling model they would be offered the opportunity of accessing individual counselling at CASA House if appropriate or other referral options explored.

Why narrative ideas and practices?

From a feminist perspective, shared counselling is a political decision about further decentring the therapist. What we know from our group work is that women gain strength through sharing their stories, 'identities are constructed through stories' (White, 1995), and that feminist practice is about a commitment to 'validate women's voices and their stories in the face of inequality'.

Shared counselling from a narrative perspective incorporates the practice of the outsider witness/reflecting teams.

'The response of the outsider witnesses are not shaped by contemporary practices of applause (giving affirmations, pointing out the positives, congratulatory responses, and so on) – or, for that matter, any common and routine practices of judgement (negative

or positive judgement). Also, it is not the place of the outsider witnesses to give opinions or to make declarations about other people's lives, to hold their own lives and actions as examples to others, or to introduce moral stories or homilies under the guise of retelling. And these responses do not constitute serial monologues. Rather, *outsider witnesses engage each other in conversations about what was heard – outsider witnesses routinely interview each other about their responses, and in doing so link and build upon each other's contributions.* (White, 2000)

After exploring the waiting period (WP) and dividing service users into age groups it appeared that the largest group on the WP were in the 30 – 40 years. For this reason only it was decided to offer the first shared counselling to these women. Eight women were contacted and three expressed a willingness to become part of a pilot program. The process was fully explained to them, as well as their options for discontinuing and for individual support in a one to one initial interview prior to the shared counselling commencing. In reading their intake sheets the women who agreed to take part had a range of similar issues and impacts of childhood sexual assault that they wished to explore.

Summary: Pre-counselling – Evaluation 1

The initial evaluation was used to gain an understanding of how the participants understood the process they were about to engage in and their expectations of the shared counselling.

When asked about the concept of shared counselling, the three women described being attracted to talking to other women, to the idea of support from other women and wanting to try something that might work.

When asked about the idea of sharing their counselling space with others, one described feeling positive but nervous, another was not sure about its effectiveness but had found one to one counselling confusing, while the other saw it as an opportunity to discuss more issues.

Asking them to imagine how it would be different for them, one mentioned talking about shared experiences, another wrote about the shock of 'seeing women just like me that aren't obviously someone with problems'. Noting that this was a sad aspect, that is having to seek counselling, another mentioned knowing you are not alone.

Advantages of such an experience were perceived as shared experiences/coping mechanisms, empathy, friendships, giving perspective, identifying similar feelings which may help to heal.

Disadvantages were perceived as feeling vulnerable and exposed to strangers, people may not relate, not feeling as open as others and time constraints.

Exploring how women would know whether the shared counselling was useful to them, they described feeling comfortable and safe, fixed, no longer sad or thinking about it, feeling happier, more confident, have a 'can do' attitude.

Exploring what was not useful, they described feeling uncomfortable, exposed, not fixed, leaving and feeling miserable for the rest of the day.

Summary: 6 Week – Evaluation 2

The most useful aspects of shared counselling for the participants included being exposed to and learning from others' views, ideas and coping strategies; having space and the freedom to express their own feelings and responses to other people's stories; and the positive support from the other women including the counsellor which made the participants feel empowered and not alone. The handouts were positively assessed by the participants and described as 'great reads'.

It was felt that the sessions were well facilitated though one participant was concerned that she may have dominated

None of the participants had had outside contact with other women from this group as they were advised not to seek outside contact with the other group members at the beginning. However, brief encounters immediately after the sessions were described as both comforting because of the 'me too' factor but also emotional and embarrassing.

All three participants would recommend this type of counselling to others. As one explained: 'There is something incredible about seeing girls who look just like me with such a terrible past'. The shared counselling experiences helped participants to feel like they were not alone, were not crazy and could learn how to survive from each other. Participants felt encouraged and empowered by sharing their experiences, feelings and emotions in this format.

One participant was surprised by how emotional and open she found she could be with strangers while another was surprised by the realisation that she could feel love. They were also struck by realisations about themselves that they felt they needed to work on and change. One was surprised by how negative she perceived herself to be and by her ability to 'pretend', while another acknowledged her low self-esteem and its causes, her tendency to blame other people and saw many issues she felt needed to be dealt with outside of the sessions.

One participant felt that the impact of the group was immeasurable and, in fact, said that she spent her sessions with her GP and psychologist describing just how beneficial the group sessions were. Rather than feeling like she was just being 'fed lines' to get her through to the next session, she felt that the shared counselling provided her with 'living, real examples of different ways of moving forward, what has been helpful and what hasn't'. While this was more

challenging its benefit was 'a million times more helpful'. Another described how listening to other women's stories made her angry and upset but encouraged her to discuss childhood sexual assault more freely with people she felt she could trust.

One participant requested more written information and more time to talk about where the written information fits in. She also wanted to know how she would know she had been 'fixed'. Another liked the way counsellor directed them and guided them back on track. She suggested that the sessions could be more semi-structured with an outline to show them where they were headed but appreciated the need for flexibility.

There were no other comments except for the recommendation that 'Everyone should do this'.

Summary: Evaluation - 3

All three participants rated the shared counselling of great benefit, one giving it a rating of 4 and the other two giving it the maximum rating of 5.

The shared counselling was judged by one participant as having helped her 'tremendously'. Most useful was the experience of not being alone and identifying the issues that all survivors experience. This, 'the similarities in emotions, life experiences' was a feeling shared by all participants. Another felt that hearing others' stories and seeing how they were reflected in her own life was valuable. The readings were particularly highlighted as being useful by two of the participants.

Nothing was identified as being 'least useful',

The participants all felt, to differing degrees, that the experience had changed the way they felt about themselves. According to one, identifying the grief that she felt helped her understand 'where' she was within herself enabling her to change behaviours and thoughts about herself. Another felt that every day had become less of a struggle, with moments of strength and clarity and 'less noise and confusion in my head'. Another now knew that what happened was not her fault and no longer felt ashamed even if she still experienced feelings of low self-esteem.

The main benefits identified by the participants included not feeling alone, understanding that many fears were the result of the abuse experienced and that they could and would survive with such support. One felt that through listening to others explore issues and by learning from their experiences she had become 'a better mother, partner, sibling and woman in the world', and was less negative and destructive and as a result, that 'there is a place in the world' for her. Another was sleeping better, not as angry and felt that her emotions were 'normal'. Again, the acknowledgment that others shared the same feelings and life experiences was important.

Sharing the counselling experience was a relief, nerve-racking at times but easier over time. Sharing stories for the first time and experiencing other people's stories made the participant 'feel special and strong enough to be at ease' and ready to extend her support network. Although it was 'difficult to share and articulate emotions', shared counselling was an empowering experience.

Listening and reflecting on others' experiences was definitely judged to be a useful way for the participants to explore their own issues. This was a spontaneous response from all three participants in relation to earlier questions.

The participants felt that 'to hear that others experience it and how they tackle issues has been a tremendous help'. One participant spoke of the value of sharing stories so that others could fill in the bits she couldn't yet speak herself. Since 'you don't always know on your own what is a significant or destructive behaviour ... being challenged by the others (whose opinions you regard highly) is somehow a (good) shock to hear their interpretation'. One participant pointed to her relationship with her family, partner and child.

All participants felt they had enough time and scope to work on their issues in this context.

One participant felt that there were occasions when the focus was on one person too much in the session. She suggested a more structured approach to ensure equal contributions in each session. Another suggested that a deliberate focus be employed as a way of avoiding unintentional domination by any participants

The feedback included employing a more structured approach to the counselling and allowing more time between sessions to read and practice. The counsellor was perceived to be 'very good, patient and receptive'.

In this one instance shared counselling has been shown to be an effective modality of working with women who have experienced childhood sexual assault. The effectiveness of shared counselling is supported by the literature and also the experience of group work at CASA. The issues of support and shared common experiences are always present in the group experience.

Experience of the counsellor

Shared counselling was, after the first three sessions very manageable. For the counsellor, the first three sessions were a little daunting from the position of doing something new and different, thinking and developing the new skills required, i.e. narrative process, holding three stories and being actively conscious of the trauma of three women and the perceived need to support these three women.

What surprised me was the ease with which the women took to the process; their amazement at the immediate connection to each other and the changes that occurred for these women as they grew in knowledge and understanding of the commonality of the impacts and their individual responses to their experiences.

When these women came together and started to identify that they were not 'mad' or that different to every other woman in the world, it felt as though they were 'dancing together'. As part of the group rules process we discussed the impact of friendship outside of the group. My concern was that if two developed a friendship outside of the group the third participant may come to feel rejected. While these women respected this concern, their friendship, support and respect for each other did grow within the counselling process and space. They left CASA House with the intention of staying connected and being there as a support for each other.

Each of the women was offered 3-5 individual counselling sessions at the end of the shared counselling based on my concern that they may require further support or that the process may have not been as complete as it could have been. As a further testament to the effectiveness of the shared counselling process and the support they now offered each other, four months later none of the women have recontacted.

The counselling was initially offered fortnightly. This became a little unwieldy, drawn out and at times seemed to lose momentum from the point of view of coordinating missed sessions, sickness and holidays, although none of the participants actually stopped coming or dropped out. The last five sessions were offered weekly. In this period it felt as though there was more continuity and connection between the sessions although one woman commented of that this did not allow time to digest what had come out of the previous session. It is therefore recommended that the sessions be weekly with breaks negotiated before commencement.

In the feedback, some of the participants talked about structured sessions. My thought is that this is more about structuring the time and space that individuals have to speak rather than preparing sessions as is done in group work. However my sense is that when using the narrative process, often new learning comes from the reflection on another's story and the verbalising of this by the listener. I suspect that the feedback came from one participant who felt she dominated the space and it is something for the counsellor to have a conscious awareness about and make a calculated judgement at the time.

The overall experience was one of great satisfaction, sitting outside and alongside women supporting, educating and caring for each other linked by a common experience of violence; learning to know that they do not need to be defined by their experience, that they are not mad or less but feeling, alive, healthy individuals.

Recommendations

- Shared counselling, consisting of groups of three or four participants and one counsellor, be offered as an option to all women on the waiting period.
- 15 sessions of 1.5 to 2.00 hours, depending on the number of women in the group. (The aim was to run groups of four women however the pilot only involved three and this worked well.)
- Sessions be weekly rather than fortnightly, with a negotiated break during that time.
- The women for each shared counselling group be recruited according to age groupings and/or issues.
- Counsellors be encouraged to develop narrative skills alongside their own particular style in order to facilitate the shared counselling.
- Written information be developed that describes and supports shared counselling as a positive and effective option for women
- All counselling options at CASA House be written up, clearly outlined and forwarded to women so that they have an informed choice prior to starting counselling. A duty appointment before going on the waiting period is now offered as a matter of course and this is another opportunity where shared counselling can be discussed.
- Counsellors be supported by one or more peers participating in shared counselling at any one time.

A cardboard cut-out takes shape

I was a two-dimensional vacant human
A cardboard cut-out
I had no voice, no heart, no pleasure
Today, I have a voice, I feel emotions, I
have some pleasure
I have moments of intense clarity
Direction
Positive thoughts
I am halfway there
To sexual assault, to incest, to violence of
any kind
from one human to another
I say NO
My children say NO
Their children say NO It stops here with me

(Written by one of the participants and presented to the group at their last meeting)

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