

Therapeutic Letter Writing: Creating Relational Case Notes

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INTRODUCTION

In this litigious society we have been trained to be extremely cautious about putting anything concerning our clinical cases in writing for fear that it may come back to haunt us in a court of law. Case notes are kept under lock and key and guidelines of confidentiality are among the first ideas about which we receive training. At the same time, in this era of managed health care, there is an increased emphasis on documentation, "case management" (Earhart, 1996), "therapist efficacy" (Chubb & Evans, 1990) or "accountability" (process/outcome of clinical practices). When we review our personal journey from traditional practices (Andrews, 1990; Andrews & Clark, 1988) to our current therapeutic attitudes (including accountability), we realize that many of our explorations have led to therapeutic success, as documented by our clients, and are probably worthy of sharing with colleagues.

In a two-year graduate program, students at Phillips Graduate Institute receive some training in "postmodern" philosophy: knowledge as socially constructed and language as generative. They have the option of an additional year-long study in Collaborative Therapies (e.g., Andrews & Clark, 1993, 1996; Andrews & Frantz, 1995; Flemons, et al., 1996; Neal, 1996) and can continue in an internship program at our in-house community oriented Counseling Center. This internship provides congruent supervision (e.g., Anderson & Swim, 1995; Cantwell & Holmes, 1995; Selekman & Todd, 1995; Snyder, 1996; Thomas, 1996; White, 1989; Quinn, et al., 1996) and further training from these "postmodern" perspectives. It is primarily in this supervisory context, that interns have been engaged in letter-writing with and to clients for over three years. Their collected volumes of letters are a testimonial to the power of the written word and the salutatory effect of these messages. This article proposes that a paradigm shift has occurred for some in our field and we go forward with a respectful caution in considering and preparing letters that bear witness to our work of therapy and related accountability.

HISTORY

It is the customary practice of clinical disciplines for records or written case notes be kept and written about people in psychiatric hospitals, child institutions and other treatment contexts. These somber documents are for the eyes of other professionals and not meant to be shared with patients/clients. In addition to case notes, however, "written communications in psychotherapy" (Pearson, 1965) have been an interest and activity of clinicians as part of the natural science framework or paradigm. For example, in *Dream Analysis by Mail* (Benjamin & Dixon, 1996), the authors discuss Sigmund Freud's energetic letter writing habits and his life in 1927; highlighting an exchange of letters with a woman who had a disturbing dream that continued to occupy her daily thoughts. The authors refer to the vitality of the Freud letters; quoting a biographer,

Freud wrote his letters as he did his books, and his books often seemed like letters. He wrote with the ring of truth and with classical simplicity and with pictorial images. (Grootjahn, 1967)

More contemporary therapeutic letters have taken many forms and have been intended to help clients find solutions to their problems. Similar to the strategic/systemic spirit of the early Milan Group (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978), letter writing to individuals, families and couples, continues to provide powerful therapeutic interventions (e.g., Wagner, Weeks, & L'Abate, 1989; Sloan & Pepitone, 1991; Wood & Uhl, 1988; Wojcik & Iverson, 1989). Within the family therapy field, therapist initiated letters have:

- 1) strategically engaged non-attending spouses in marital therapy (Wilcoxon & Fenell, 1983); and "engaging families through letter writing techniques" (Lown & Britton, 1991);
- 2) recommended "interactional" letter writing between spouses as proposed therapeutic tasks (Rudes, 1992);
- 3) used "the classification system" developed in the earlier work at the Brief Family Therapy Center in Milwaukee (Berg, 1989; de Shazer, 1985, 1988) "as one of several intervention techniques throughout the overall therapeutic framework" (Shilts & Ray, 1991);
- 4) explored the effects of sending "letters to clients before the initial therapy session, as a possible way to enhance the engagement process" from a Solution-Focused pre-treatment change perspective (Coles, 1995);
- 5) used cartoons as therapeutic letters "to add complexity to the understanding of relevant therapeutic themes . . ." (Kennedy, 1995), as well as "drawing and letter writing in group therapy" (Zimmerman & Dillon, 1993).

The current popularity of letter-writing is a result of the wider interest in Narrative Therapy as proposed by White & Epston (1990). They have included a stage in therapy that contains a process they call "circulation". As therapy progresses, personal meanings shift and if alternative stories are to be supported, circulation of the news that change is occurring must happen if the changes are to be incorporated into the life stories of the clients. Gaining an audience for this news is an important part of the re-authoring work. If these "counter-plots" are not supported, the new behaviors will not survive. Through the use of documents such as letters and certificates (White & Epston, 1990, 1995a), news that change is occurring can be spread beyond the therapy room. According to David Epston (1995) in his informal research about clients' responses to documentation, clients read letters an average of four times and keep them as valuable objects. Men usually keep their letters in a wallet, women on a bedstand or in their purse. The use of the Reflecting Team is a further example of a process of circulation (Freedman & Combs, 1996).

Moving beyond the Batesonian notion that "News of Difference" (Bateson, 1972) needs to be circulated we also realize that current therapeutic methods are required to incorporate Managed-Care needs for brevity and accountability for both the process and outcome of therapy. Short-term requirements often demand that results occur quickly and demonstrably. The newer paradigms view clients as having expertise and strengths and simultaneously see therapists as non-experts on the lives of clients. These are a good fit for Managed-Care objectives as they deliver shorter-term therapy, where clients collaborate with the work and also self-report more favorable outcome.

The shift from interventive intentions to more collaborative and cooperative goals did not occur all at once. For a period of years therapists who now include themselves as "postmodern" were in a process of moving from strategic, interventive intentions to ones of "opening space" or helping clients develop more choices of their own. As more clinician/authors started to shift paradigms there was a period where homework for clients contained both interventionist and non-interventionist intentions. Also, the benefits of letter-writing could be seen for both traditional paradigms as well as the postmodern ones. A pragmatic systematic approach that clients were able to carry out suggested that much of the therapeutic work could be done on their own through the process of writing letters. This was described as a method for self-guided personal therapy (Rasmussen & Tomm, 1992). They suggest that this method transcends modalities of therapy and can be employed within different theoretical orientations; while noting,

. . . each theoretical frame of reference might focus on different issues to guide the client's writing, but the core aspect of respect for the client's self-directness could be maintained (Ibid., p.18).

In a similar fashion, Peggy Penn (1991) states:

I have been intrigued by the possibilities of helping people change the ways they see themselves and their relationships to important people in their lives through letter writing. I have found that whether the letters are sent, or whether the people to whom clients are writing are even alive; is not necessarily the point. . . We are all storytellers and the story that consumes us the most is the one we tell ourselves about our own lives (Ibid, pp. 43-45).

One important change is including the "Voice" of the client in collaborative letter exchanges between therapist and client. The possibility of including members of a "reflecting" team (Andersen, 1990; 1995: Andrews & Frantz, 1993) or a "reflecting teamwork" group (White, 1995) expands the audience for the new story.

These more public or "transparency" practices and their reported "therapeutic" findings reflect notions of "Identity Politics." (Sampson, 1993). For together these ideas and practices contradict and challenge the predominating culture of psychotherapy. However, the related position that "the more transparent we are about what we are up to, the more

helpful it is to those who are seeking consultation" (White, 1995) requires further evaluation. In this regard, Michael White indicates having done informal evaluation of the "reflecting teamwork" and plans to undertake more formal re-evaluation in the near future; noting:

. . . on a basis similar to that of David Epston's study of the value of therapeutic documents which is reported on elsewhere in this collection . "How many sessions worth of good therapy is a good reflecting team discussion?" The outcome of this evaluation was fascinating - at an average of 4.7 sessions of good therapy, it was very close to David's figure of 4.5 for therapeutic documents. . . . (Ibid. p.195)

This article is not intended to review the literature on writing in therapy. We are attempting to separate from "interventionist" positions and to focus on "postmodern" ideas and practices in letter writing. The above was presented as a background in which to situate ourselves and our letter writing within narrative and other postmodern collaborative perspectives. Contrary to the claims of the objectivity of modern science, our postmodern position considers reality in any complex human sense, as "relational". Social psychologist, 'Kenneth Gergen (1994): 1) challenges the supremacy of science in studying human affairs; 2) questions the correspondence theory of language: that language mirrors the external world, and 3) believes that "reality" is a matter of story and interpretation. Lynn Hoffman while considering postmodernism and current transformational stories about family therapy reflects:

I am convinced that the move from a natural science framework to a sociolinguistic framework offers something truly revolutionary: the first new philosophical base for human studies since Descartes! As Harry Goolishian used to say, "It is no longer 'I think therefore I am,' but 'We speak therefore I am." If one really internalized this change, one would never again be the same kind of therapist -- maybe one would not be a therapist at all. (Hoffman, In Press)

Much of our training and supervision at Phillips Graduate Institute, related to letter-writing, has been informed by and reflects the ideas and practices of postmodern approaches and re-authoring practices (White & Epston, 1990; Freedman & Combs, 1996), reflecting processes and collaborative therapy approaches (Andersen; 1990, 1995,1997; Anderson; 1995, 1996; Anderson & Goolishian, 1988)

During recent dialogues on letter-writing with Harlene Anderson and Tom Andersen (April, 1996), they both highlighted the importance of a particular philosophical stance. A stance or position that provides for an emphasis on the "communal" domain of conversations which, in turn, considers "voice" to mean different views of one's self in relation to others; a back-and-forth process that transforms conversation with others or the "stuff" of new narratives as discussed by Penn & Frankfurt (1994):

. . . Interaction moves back and forth from inner conversation to conversation with others, from monologue to dialogue, becoming the "stuff" of new narratives. The particular focus on language in this article is on how adding writing to the session conversation produces a "participant text," a therapeutic narrative that is composed of the voices of the family and the therapists. These voices, often newly discovered or invented, allow our narrative discourse to expand and multiply. . . (p.217)

Our intensive study of narrative letter-writing at Phillips has been with David Epston (1991, 1995; Epston & Roberts, 1994) and has highlighted this activity as "Extending the Conversation" (Epston, 1994). We agree with David that this work takes well supervised practice. We hope you agree that it is well worth the effort.

LETTERS

We are indebted to our clients, our interns, and their clients for the rich materials they have made available to us for inclusion in this article. From the co-created "letter-writing archives" of the Brief Therapy Internship Program at the California Family Counseling Center, we selected a few cases as examples of letters between intern/therapists and clients. You can judge if the results reflect the kind of preferred "accountability" required for effective and ethical clinical practice.

Copies of all letters are filed as the case notes for the therapy sessions and as such reflect a very different attitude to note-taking and record keeping about therapy cases. Clients' victories, achievements and strivings are respectfully recorded and are frequently mailed to them between sessions. When clients respond in writing these letters are also included in their case notes and the written record becomes co-authored by client and therapist. With explicit consent for letters to be sent (often following a discussion of whether a letter should be sent and if so where and when they prefer it to be sent), notes are enthusiastically taken by the therapist during sessions and written into letter form as soon as possible. These letters represent a verbatim recording of the person's voice and reflects this information back to the client. This provides the client with the opportunity to feel heard or to critique what the therapist believes they are hearing and to correct the beliefs that the therapist may develop about the client and their lived experience. This makes room for the "thickening process" (supporting new and emerging storied experiences that help to re-author clients' lives) and further makes it possible for accountability to be addressed.

Case 1: Bob and his family.

Bob, a 28 year old, unmarried graduate student came to see us after his father died. He had been in a stable relationship for two years but was not ready for a commitment. He told us that he felt that his family was falling apart. His older sister Roz, had also died of

cancer within the last two years leaving two young children living with their father. His other sister Carole was concerned with the care that they were receiving and his mother was in a constant state of grief and upset about which he was concerned. He brought in various family members in different groupings and we saw the family a total of six times, behind the mirror, during our training class. Reflecting teams were used and after the final meeting we sent a letter which reviewed the therapy experience, concerned ourselves with whether Bob got something for himself and punctuated the steps the individuals of the family had taken during the time that we met with them. We invited Bob to get in touch with us in a little while and let us know how they were doing.

The following excerpt from the letter was written by Dave to Bob.

At the same time, in view of your being a risk taker, I (David) having recently lost my own father, expected that you and your sister (and especially when your mother joined us) would be focused upon your loss and bereavement. When we were invited into the painful and personal story about your sister and her death, I began to question whether this public space was the proper place to have this intimate conversation. There was some relief that you and your family had planned some get-togethers outside of the artificial settings of therapy sessions. This was seen by some of us as a movement to get on with your lives in a normal fashion. I now think that perhaps my own experience of loss may have been in the way of asking you to question and explore each other's experiences. The group came up with the following questions: If you were seeing yourself through Roz's eyes right now, what would you be noticing about yourself that you (or your mother or Carole) could appreciate? What would Roz say about your efforts to keep the family united? What would Roz say about your girlfriend and getting on with your life?

About one month later, Bob called to tell us that he was doing well. He had taken the letter to each family member so that they could read the comments that were meant for them. He also shared it with his girlfriend and he re-reads it a few times each week. He thought about the questions we had asked and about what Roz would think if she knew what was happening. He thought that she would encourage him to finish school, spend more time with his girlfriend and get on with his life. She would know that he wasn't responsible for keeping the family going. By the end of the year he called to tell us he was engaged and planned to marry after he graduated next spring. He still reviews the letter occasionally

Case 2: Mary

Mary was 39 years old, in the process of a divorce and in recovery from cancer a few years ago which is still in remission. After a 20 year marriage, her husband told her he is gay and left her with two daughters, ages 18 and 12. She was worried that she could never trust anyone again and her goal for therapy was "to complete the divorce process in

the healthiest way possible". She felt that she had some important choices to make at this time of her life.

Fabienne Monard was the lead therapist and Patti Wolfe was the cotherapist. They met for a total of 15 meetings. The therapy hour was divided into three distinct parts: Thirty minutes in the room with the therapist and co-therapist, ten to fifteen minutes for the "reflecting team", and a final five to ten minutes for Mary to share her impressions and give feedback about what the team had said.

Fabienne's comments about the letters (from the archives).

The letters were a very important complement to our conversations. I used the letters to consolidate the emergence of the "new Mary" and also to create an audience that would reinforce the existence of this new story. We used the letters to circulate the "news of difference". The letter highlighted emerging experiences of Mary's alternative stories.

The purpose of the letters was to share ideas and to show transparency, each time we had some thoughts, questions or ideas about Mary, I wrote them down and sent a letter. Oftentimes, we discovered that the "good" ideas occurred to us after our conversation ended. These letters may give the opportunity to the clients to think about the ideas in between the sessions. Letters also probably consolidate the relationship between the client and therapist. The clients were always surprised and pleased by the time and attention that were put into the letters.

This series of letters consists of letters from Fabienne and Patti to Mary and responses from Mary to them. From the series of letters we have selected two complete letters. One from Mary and one from Fabienne. These are unedited.

Mary's second letter:

Dear Fabienne and the team,

You have asked me to tell about my thoughts on the methods and tools we are using together in the session. I am very pleased with the reflecting team concept. Believing I am accepted as I am is very important to me. Having a opportunity to be very open and vulnerable, and at the same time being affirmed that I am accepted without judgment have been very valuable to me. It has encouraged me to make better choices in my "real" life; I am less afraid to be open and vulnerable, but at the same time, I am careful to assess the "safety" of the situation (should I guard myself, or open up? Is the person I want to share with accepting or judgmental?)

At first, I was very nervous with the idea. Then, when the members changed each time, that was also hard. But, when I experienced a

consistent acceptance from the team, it gave me hope that it was possible for me not only to have a few intimate relationships, but that it was safe to begin to add to my circle.

I think I adjusted to the reflecting team concept faster than most would. I would recommend a more consistent team for more apprehensive clients. Perhaps the first 4 - 6 sessions, if those clients could feel assured that the same people were observing each time, they would be more at ease during the first part of the session.

There are times I wish I knew, when the session was starting, who was on the other side of the glass! I remember during one of my very difficult times, I was quite concerned about who was watching me fall apart. I felt vulnerable when I saw new faces, but reassured once they spoke.

I don't even think about the camera now. I do wonder though: "How do you utilize the video tapes when you are working together and I'm not there?"

As I shared tonight, the letters are helpful for me because they help me believe that you genuinely care about me. I don't feel like "just a client" I feel like we are truly a team. Also during this time I don't have many friends; consequently I don't receive much positive mail, your letters are always a welcome surprise in my mail box. I think connecting with clients between sessions is a very good idea I think that your letters convey concern, interest and caring, and yet, at the same time they are very professional.

I hope this is helpful. We can talk more about this if you wish.

Thank you for accepting me as your "guinea pig"! (Patti you may need to explain !)

The final letter to Mary after she was interviewed as a consultant at one of our Monday night classes:

Dear Mary,

The entire Monday class joins me to tell you how much everybody felt honored, touched and grateful to share with you this "moment of eternity". I wish you could have been a fly on the wall to hear all the comments about you, after you left. My guess is that, listening to them would have made you feel even bigger!

I also would like to share with you how much, listening to you, Mary, made me feel proud to be a human being. Yours is an amazing battle with

depression, distrust, divorce, cancer, perfection at times, rigidity...My only regret is that your mother couldn't be there with you to share this moment with you. How do you think she would have reacted? Do you think that your mother would feel proud of her "yellow rose"? Do you think she would feel bigger or smaller, if she was witnessing our conversation?

After our meeting, I left wondering:

What is it about you Mary that is able to stand up in the most difficult situations and get started?

What is different about you that makes others say that you are a "seeker on a healing path"?

Would you have predicted before starting counseling that you would be sharing and "teaching" your experience in front of 25 professionals?

Does it make you feel smaller or bigger? How come?

What does it tell you about yourself as a person?

Who do you think would be the least surprised that this could happen to you?

Who else in the "outside world" is going to feel honored by being part of your life?

Who else is going to learn from you?

What else are they going to learn from you?

If you were to describe, with your artistic talents, the change that happened to you, how would you do that? Would somebody else notice the difference between the "old" Mary and the "new" Mary (if there is any)? What is it about the "old" Mary that helped the "new" Mary emerge?

And last, but not least, noting my own reaction, what is it about you that makes me write so much, is your creativity contagious? Did you ever notice that before?

Yours in alliance with getting the best out of your life,

Fabienne Monard and the team

In supervision meetings, our collaborative author, Frank Baird, was so excited about the frequently experienced "revolutionary results" from his collaborative letter writing with clients, that he and his clients have joined this project for your examination.

Case 3: Ellen

Since early adolescence, Ellen had been in and out of therapy for many years. She came to therapy stating that she was very interested in "getting better." Ellen had spent a good part of her life trying to "get better" by participating in a variety of different therapy approaches throughout her life, relentlessly reading self-help books, dutifully attending church, obediently taking the prescribed medications for anxiety and depression as instructed by her psychiatrists, and pursuing other prescribed and self-directed means of "personal growth." Ellen explained that she had not changed and was not changing in spite of all her efforts.

Ellen asked me if there was some way she could document her therapy sessions. She said she hoped that such documentation might help her notice the progress she hoped she was making and not noticing or remembering. I inquired if a letter following each of our meetings would be the kind of document she sought; writing about what seemed particularly interesting or important to her or me, keeping in mind that she wanted a written record (though not a transcript) of our conversations. Ellen was very excited about this idea and asked if her session fee would increase if these letters were provided. I assured her there would be no additional fee for the letters and began writing to her after each session:

Session One:

Dear Ellen,

You said you were interested in documenting your therapy in a way that might help you notice and remember the progress you hope you are making in life. I hope this letter might be the first of many that may serve this purpose for you.

Sincerely,

Frank

I was curious about the kinds of changes Ellen was looking to notice, about the ways Ellen was going about looking for them and about the new ways Ellen might begin to look for them. Within our session, Ellen asked for a psychological diagnosis; indicating that this diagnosis might provide a standard against which she could measure her progress.

Dear Ellen,

In today's meeting, you asked that provide you with a "psychological" diagnosis. You said that your Psychiatrist would not offer you a diagnosis. "He's not the kind of doctor who believes in diagnoses." I said that I would

be willing to work with you on developing a diagnosis you thought might be helpful for you, one that would fit your interests in being diagnosed and measuring your progress in therapy. What criteria would you be interested in including in a diagnosis for you? Would this diagnosis include an assessment of your strengths and competencies? Would this diagnosis include a scale that might indicate the relativity of its areas of focus? For example, might this diagnosis say that on a scale of one to ten, one being worst of something, ten being best, that you were at x on the scale, providing a perspective that says you are moving from one area and toward another. I look forward to talking with you more about the kind of diagnosis you might find most helpful.

Sincerely,

Frank

In subsequent sessions, we discussed a variety of problems. Ellen identified the problems, discussed how they interfered with her preferred ways of being, told of the ways she fought the dictates of these problems and described her increasing satisfaction with her life. As I heard Ellen make more comments about the increased satisfaction in her life, I asked her for an evaluation on her efforts at "getting better," progress, in or out of therapy. The following letter documented that conversation.

Dear Ellen,

I very much enjoyed our conversation about your efforts to get better. You said that on a "Personal Best" scale of zero to 100, where zero is the worst you could ever be, and 100 is the best you could possibly be, that you are at a 60, just slightly over half way to being your best. You said that you had hit zero when you were in the hospital under similar conditions to your Mom's hospitalization. You said that in the hospital "I became aware of some important aspects of Mom". You said that within a few months following your hospitalization, you could see your Mom as a person and not as a "monster". You said that "seeing her as a person" and knowing your similarities and differences brought you to a 50 on your Personal Best scale.

You reported some other things that have been helpful in your efforts, as well. Among them were, "God, the support of friends, meetings, keeping my journal, self-help books, affirmations, this therapy, and medication."

You said that though you feel your efforts have their "ups and downs," that "hitting bottom" is valuable. You said that you have learned something valuable each time you hit bottom. You suggested that you do not waste your time "just hitting bottom" but that you make good use of that experience. You said that you would certainly never ask to hit bottom,

but that when you find yourself there, you are willing to be open to learning something new. You said that this is a quality that you do not think many people have and that it is a valuable skill, not often appreciated by people who might benefit from it the way you have.

You said that not everyone in the world is interested in getting better, that of the people you know, more are interested in self improvement than not interested. You said that you do not like to "stagnate" and that your efforts towards personal growth are very valuable to you.

On several occasions you told me that you do not feel that you are making adequate progress in therapy and that you wanted some way of measuring the progress that you might be making, but are unable to appreciate. How would you say our conversation today fits into that context?

I look forward to our next conversation.

Frank

Ellen said that she appreciated the letters and even responded in writing after each letter. She said in a letter and on her next visit that she did feel she was making progress in therapy. She began to notice the difference between her own evaluation of her personal growth and the evaluations offered by others. In one session she complained that her boyfriend claimed that therapy was "not doing me much good." In her written response to me she added. "I think this last part is a lie I asked her about the differences between what she knew about herself and what her boyfriend might know about her and wrote the following letter:

Dear Ellen,

Thank you for your responses to my letter to you. I appreciate your thoughts and feelings about my thoughts and feelings about our conversations. I appreciated your comments in our session and in your last letter regarding your boyfriend's assessment of your progress in therapy. In your letter you said that his saying you were not doing much better was "a lie." In our conversation you cited evidence that you have improved. Whether or not he has noticed, you certainly have. In support of your claim that you have improved you said that you had not been violent in a long time, that you were handling frustrating or angering situations better by removing yourself from the situations until you could collect yourself, and that even just a year ago, anger was fully in control of your life and that now, you were in charge of your life, not anger. You said that you felt stronger and appreciated that you were able to do things now that you may not have been so able to do in the past.

When you said, "I'm not used to good experiences," you included that you were better able to notice good experiences when they happen and that you felt you had a ways to go before you just "got used" to them. You said that "not putting yourself down" as much has helped you to move in this direction. You also mentioned having more faith and trust in yourself than in other people.

Ellen, I feel privileged to work with a woman who works very hard to make the kind of changes you are making in your life and is having the kind of successes you are reporting to me. Are your successes more noticeable to you now than in the past?

I look forward to our next conversation.

Frank

The conversations between us did not proceed linearly or developmentally. That is, Frank and Ellen did not discuss first one problem then the next in any deliberate fashion. The conversations unfolded and they touched on a number of problems and topics. After many conversations about the progress she was making in her personal growth, Ellen found herself discussing other problems that were affecting her life rather than whether or not she was "doing anything about them." She said she was making more and faster progress having found ways to notice how she was progressing.

The use of letter writing to summarize a case and bring closure to a therapy can be seen in this letter which Peggy Simpson wrote to her client Diane, when they finished their last session.

Case 4: Final letter to Diane

Dear Diane,

I have been thinking about you, about your journey and about the impact one woman can have on an entire family. I was wondering what difference it might make to you that you have been so instrumental in altering the cycle of abuse for your children and grandchildren. Your grandson mentioned that he had learned from you to speak up rather than allowing anger to take the place of speaking up. Do you think your grandchildren will carry this idea to their children? I noticed the remarkable individuality of each member of your family who spoke. Do you think any of this comes from your ideas of individuality, if this is one of the reasons they are each so unique.

I was wondering too about bonding, and with whom you might feel most bonded. How do you think this will influence the lives of others around you? Do you think your bonding will lead others in your family in the

direction of more closeness? Do you think that coming out of isolation and bonding are interrelated? As you now have more time to be with people, do you think you will have more time for bonding, for moving in directions that are more suitable for you?

Your daughter mentioned the possibility of your teaching others ways in which to stand up to abuse and its ideas of overtaking you life and the lives of others. I have been thinking about that too. I was curious about how you might do that. Since you have such a major influence on your family I thought this might be enough for you. On the other hand, I wondered if you might consider teaching In your church or in other groups where you could inspire others as you have your family. What would you tell them? Would you lead with inspirational depth of spirituality, and/or would you share your experiences of standing up to abuse. Would you empower them by standing beside them as they move from darkness to light, or would you be a beacon of light leading the way?

These were just a few thought I had You are an inspiration to me as you are to your family. I will carry you with me, Diane.

Sincerely,

Peggy Simpson, M.A.

A final letter which was unsolicited and unplanned. This letter was written from a client to the president of our school, Dr. Edwin Cox. Occasionally, when we conduct a workshop with a visiting professional, we make a consultation available to our interns. Phyllis Chase, M.A. took advantage of such a consultation with Narrative therapist, Zoy Kazan. The client, a Vietnam veteran with a long history of drug and alcohol abuse, several close calls on suicide attempts and a number of psychiatric hospitalizations, felt moved to make a small donation to the school and to comment to Dr. Cox on the kind of treatment he was receiving at our Counseling Center. In situations where therapy is made more transparent and communication is encouraged, clients sometimes find these behaviors contagious. It is letters like this one that give us the richest and most satisfying feedback that our clients are doing well:

Dear Dr. Cox,

For the past six months I have been working with Ms. Phyllis Chase and, without going into details, my life is much. improved for it. I am most appreciative that your organization is flexible enough to extend to me a sliding scale rate that allows me to afford the superb professional work I have been receiving. In addition, I am no stranger to therapy and have been in and out of it for many years and there is an innovative quality to the way things are done here at PGI which seems to suite me and definitely facilitates the bringing about of positive results.

So, as a token of my appreciation please accept as a donation the enclosed small check which I am contributing to PGI.

Thank you and warm regards,

SUMMARY

For the most part, we attempted to have the above documents stand on their own and for themselves, as "creating relational case notes" without being framed by professional discourses which analyze them. Our work to date is congruent with that reported by many colleagues; including that of Penn & Frankfurt (1994) who describe how very moving experiences can happen with "semi-literate clients" and that "writing makes things happen" (Ibid. p.230).

The spirit in which the above letters were written demonstrates the paradigm shift that has occurred through the specialized training these interns have experienced. They no longer write letters or make comments "as if," they thought well of their clients. They indeed feel this way and are respectful of the work that their clients do to make their lives better. Much of the shift that occurs is a "cultural shift," one that happens because the intern is part of a larger group which practices this way. When they participate on reflecting teams and hear others whom they respect respond to people in consistently positive ways, it does not seem to be clever to find fault or to identify deficits. The culture shapes the interns evolving within itself. Occasionally, someone comes to us who has been so thoroughly acculturated in a pathology-seeking way, that they do not see themselves becoming a part of this group and they voluntarily leave. With ongoing consultations for reflecting teams and letter writing, the connectedness of the intern group is essential. We are as concerned about the experience of our interns as we are about the clients and gain feedback and evaluation from trainees and interns as well as clients.

Another accountability practice which we call "consulting your consultant" is a final session that we sometimes hold with clients who want to share their experience with us as "consultants" to the team. In a session like this they inform us of what was helpful to them and what we can do to become better therapists.

We are also engaged in informal evaluation of the clinical work at the Counseling Center. Queries among clients about what part the "letters" play in the therapy process suggests that clients perceive that a letter is equivalent to an average of 3.5 sessions of good therapy (Clark, 1995). We have also been using an evaluative instrument, the BOSS Scale (Browning, 1994), which we administer before, during and as a follow-up to the therapy. Preliminary results tell us that clients are highly satisfied with the therapy they receive and that they perceive that their problems improve significantly.

We are looking forward to expanding our collaboration with others who are involved in research that explores the usefulness of writing "therapeutic" letters to clients (e.g., Cologon, 1995) and possibly affiliate relationships with other organizations interested in quantitative and qualitative research. Especially, those whose brief therapy approach is "relational" or purports to have a more overarching philosophy rather than any particular "model" of therapy and have expressed concern about being ethically accountable to

clients, therapists and even managed health care providers (e.g., Duval, 1994; Guterman, 1996).

In this spirit of collaboration, we would be interested in having readers feel free to contact us at Phillips Graduate Institute if you would like more information or possibly to share your letter writing experiences. Although the client names in the letters were changed, the intern names are actual and you may address them in your correspondence.

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