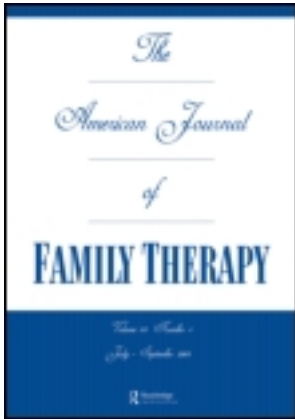


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Fostering Self-Awareness in Novice Therapists Using Internal Family Systems Therapy

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Fostering Self-Awareness in Novice Therapists Using Internal Family Systems Therapy

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This qualitative study used a phenomenological approach to understand: (a) whether and how the Internal Family Systems (IFS) model helps beginning therapists gain awareness of their internal processes and (b) whether and how such awareness influences their clinical work. Semi-structured individual interviews were conducted with seven beginning therapists and data were analyzed using thematic coding. Findings suggest that IFS helped therapists identify, understand, and manage their internal processes, which seemed to benefit the therapeutic relationship, identify therapists' personal agendas, model work with the internal system, and foster a better understanding of the client's internal system. Clinical training implications are discussed.

Research in the field of psychotherapy is clear that one of the most important predictors of positive therapeutic outcomes is the alliance between the client and the therapist (Lambert, 1992). According to Sprenkle, Davis and Lebow (2009), who the therapist is as a person is a "fundamental part of the alliance" (p. 92). Researchers suggest that relationship factors can account for as much as 30% of therapy outcome variance, compared to the 15% contributed by the therapist's model or technique (Lambert, 1992). Of interest in this study is how novice therapists can increase their self-awareness and if and how this self-awareness influences the therapeutic alliance. Empirical research reveals that therapists' self-awareness is positively related to their reports of positive

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feelings towards clients as well as more positive rating of the therapist by the client (Williams & Fauth, 2005). Thus, we suggest that therapist self-awareness is clearly one important aspect of creating a positive therapeutic alliance.

In this study, we are interested in therapists' recognition and use of self-awareness, how to foster this process in novice therapists and if and how self-awareness influences their work with clients. For our purpose, self-awareness is operationalized as the therapists' "momentary recognition of and attention to their immediate thoughts, emotions, physiological responses, and behaviors during a therapy session" (p. 374, Williams & Fauth, 2005). By this definition, self-awareness refers to the therapists' recognition of and attention to their internal processes of thoughts, emotions, and physiological responses. For brevity, we will refer to these as "internal processes."

The concept of self-awareness is not new to the field of psychotherapy. In psychodynamic-oriented therapies outside the field of Marriage and Family Therapy (MFT), there has been a historic, systemic focus on the therapist's own emotional processes through the concept of countertransference, a term introduced by Freud in 1910 (Kaslow, 2001). While this focus on internal processes remained central in early MFT models (e.g., Ackerman, 1959; Baldwin & Satir, 1987; Whitaker, Felder, & Warkentin, 1965), with few exceptions (e.g., Bowen, 1978; Scharff & Scharff, 1997), prominent MFT models tended to conceptualize the therapist as an outside observer of the client system, with little regard for the therapists' awareness of their own internal process (Watzlawick, 1990). As Bochner (2000) argued, it seems that "the therapist's self was plucked out of the system and emotions he experienced were not considered important" (p. 21).

The introduction of the second-order cybernetic perspective and post-modern ideas in the mid-1980s among MFTs contributed to the renewed reflection on the role of the therapist as part of, rather than outside, the therapeutic system (Sparks, 2002). Even though most of the non-psychoanalytic based MFT models continued to lack a clear conceptual articulation to understand and manage the therapist's emotional processes, the MFT field experienced an increasing agreement that a clinician "must be conscious of what he brings into the relationship and learn to manage himself and his personal dynamics for the welfare of the clients" (Aponte & Winter, 2000, p. 93).

Despite the agreement, most MFT programs have not clearly identified how to formally integrate the concept of therapists' self-awareness into their clinical training programs (Aponte et al., 2009; Sparks, 2002). Findings from a study on 12 of the MFT doctoral programs accredited by the U.S. Commission on Accreditation for MFT (COAMFTE) revealed little consensus about this aspect of clinical training in programs, suggesting that MFT training programs do not have a clearly defined structure and methodology to help students understand and manage their own internal processes.

The absence of specific guidelines in school curricula may stem in part from the fact that the therapist's internal processes are not an integral part

of most MFT models. In fact, one of the few programs that has a structured, systematic way of working on the therapist's internal processes relies on a training approach that was developed outside the MFT models. The Person-of-the-Therapist Training (POTT), which was created by Aponte and is being used in the Couple and Family Therapy program at Drexel University (Aponte et al., 2009), was designed to help therapists identify, access, judge, and utilize the "emotions, memories, and behaviors that spring from their own personal themes" (2009, p. 382), but it is not conceptually part of any MFT model.

We suggest that a more recent actual MFT model of therapy designed to address both intrapsychic and interpersonal relationships can be useful in assisting novice therapists in increasing and managing their own self-awareness. Internal Family Systems (IFS) therapy model introduced in 1995 provides a coherent systemic model of therapy (Schwartz, 1995). We suggest that IFS is particularly useful for novice therapists to learn because it provides a simplified process for identifying and working with their own internal processes (e.g., thoughts, emotions, physiological responses) which may help their ability to form a therapeutic alliance.

In brief, the IFS Model of psychotherapy integrates the concepts of systems thinking with the concept of multiplicity of the mind, or "subpersonalities" (Schwartz, 1995). It utilizes concepts and methods from the structural, strategic, narrative, and Bowenian schools of family therapy in the exploration of the world of subpersonalities. From the IFS perspective, a person is comprised of an ecology of relatively discrete minds, subpersonalities or "parts," which together comprise an internal family. Each of these parts establishes patterns of being (e.g., thoughts, emotions, and physiological responses). Life experiences play a major role in how the parts organize their responses to the world. If their experiences are positive, healthy adaptation will ensue; if they are negative, dysfunction may occur. In IFS, there are two general categories of parts: exiles and protectors. Exiles are the parts of the system that take on wounding or trauma which often includes the negative emotions, of shame, guilt and unworthiness—usually the emotions that are not tolerated by the external environment. Protectors work to prevent the exile's overwhelming feelings from being activated or by shutting them down when they do occur (e.g., numbing). Parts can work together harmoniously, or they can work against each other in a polarized way. At the core of the IFS model is the assumption that the source of healing is actually internal to the individual—not something that must be externally provided. The model assumes a "Self" or core personality that serves an organizing and integrative function for the entire system. When Self is leading the internal system (i.e., the individual is "Self-Led"), a sense of calm, compassion, curiosity, clarity etc. is manifest. Inherent to this model is the assumption that therapists need to understand and manage their own internal system before they can be effective in helping clients

to gain an understanding of their own (Schwartz, 1995; Timm & Blow, 1999).

How does IFS promote self-awareness? At its most basic level, IFS therapy provides a structured process for fostering self-awareness through the exploration of one's parts (Schwartz, 1995). While a complete review of the therapeutic process is beyond the scope of this paper, a brief overview of the technique will be provided. This IFS process includes a series of internal queries typical of novice therapists' concerns in treating clients. The first is to find and focus on a part. The query of "how does this part show up for you?" promotes sensory awareness. *My stomach gets tight and I feel nauseous when I know there are new clients in the waiting room.* The second query asks "How do you feel toward the part?" This question promotes a sense of differentiation. Thus a part of me is nauseous rather than "I am nauseous." *I hate it—I'm so worried about throwing up that I won't be able to focus on what the new clients are telling me.* The third query involves getting to know what the part's role is within the system. *This part is trying to get my attention because it's afraid I won't be ready to do a good job for the new clients.* In the fourth query, the part is asked about its fears. What is this part afraid would happen if it didn't make you nauseous? *It thinks if I'm not nauseous I won't take the work seriously and I might miss something important.* The final query focuses on asking the part what it wants for the entire system. *It just wants me to be successful with my clients!* Other IFS techniques help the individual to work with dysfunctional (or overactive) parts so that they become a useful rather than distracting contributor of the system.

Given the importance of therapist self-awareness in the therapeutic process, IFS seems to be one of the few non-psychodynamic MFT models that conceptually links the therapeutic process and outcome to the therapist's own self-awareness. Given that no published empirical study has examined whether the IFS model can actually help therapists focus on their internal processes and whether this understanding enhances their clinical work, this phenomenological study (Dahl & Boss, 2005) explored the experiences of novice MFT therapists, all of whom participated in training program that incorporated IFS as a foundational model.

METHODS

Participants and Procedure

Participation in this study was open to recent graduates (within past three years) who had taken an elective introductory IFS course as part of an MFT training program located in the Northeastern United States. The three-credit highly experiential course was offered in the summer. The course objectives were: 1) to expose students to fundamental concepts of the IFS model of

psychotherapy; 2) to provide opportunities for graduate-level students to gain exposure and practice the techniques of the IFS therapy model; 3) to provide students with a vehicle for exploring personal “triggers” when working with clients; and 4) to provide students with an opportunity to expand the IFS therapy model beyond the boundaries of psychotherapy and explore application of the model to the larger system.

As part of study recruitment, the MFT program director emailed former students with information about the study. Interested participants gave permission to release their name and contact information to the main investigator of the study. The investigator followed up with each potential participant inviting their participation via the return of the emailed Informed Consent and a preliminary background which ensured adherence to inclusion criteria.

In total, seven Caucasian female novice therapists agreed to participate. Ages ranged from 25 to 63 with median age of 38 years. All participants had taken the IFS course between 2004 and 2010. Two were still in the MFT program while five had already graduated. Four participants had accumulated 500 clinical hours or less whereas the other three had between 1,300 and 2,500 clinical hours of training. All participants reported that they integrated the IFS model to varying degrees into their clinical work. Four reported using only this approach (100%), two reported using it in most of their work (85–90%), and one indicated that she applied it only in half of her clinical cases (50%). Four participants reported that they had also completed additional training in IFS.

After the questionnaire and informed consent were obtained, the interview was scheduled. All seven interviews were conducted by telephone using semi-structured format. Before beginning each interview, participants were asked if they had any questions about the study or the consent form. The first set of the interview questions focused on whether and how the IFS model helped participants become more aware of their internal processes (e.g. How has the IFS model helped you become aware of your internal processes when working with clients?). The second series of questions asked about whether and how that awareness influenced the therapeutic process (e.g. Could you describe a time when your awareness of your internal processes played a role in the therapeutic process? What was different in what you did as a result of this awareness? Did this awareness affect the relationship with the client—and if so, how?).

Data Analysis

An important aspect in the phenomenological approach is the researcher’s ability to be open to the interviewee’s experience while remaining aware of his or her own personal biases (Dahl & Boss, 2005). Although both researchers had completed the IFS Level I training—and the primary researcher continues to receive IFS supervision, the second researcher does not practice

IFS therapy. This allowed the analysis process to be constantly monitored for personal biases.

As part of a constant comparative data analysis method, the interviews were transcribed verbatim and the data were analyzed to identify emerging categories (Creswell, 2007). To ensure reliability and trustworthiness, the data were read and re-read by the main investigator and the second investigator. The initial codes were developed, compared and condensed into broader themes after discussions between the two investigators. Emerging themes were reviewed to ensure they were both internally consistent and distinct from one another. Next, the two investigators re-read the data to (a) ensure that the themes accurately represented the meanings presented in the data as a whole, (b) code data that may have been overlooked in the earlier coding process, and (c) review the presence or absence of each theme across the seven interviews. Following these steps, the coders discussed and confirmed their results. Finally, the coders named and defined the themes and organized them according to which of the areas of inquiry in the present study they were addressing.

RESULTS AND DISCUSSION

Themes that emerged during the interviews are presented within one of the two areas of inquiry: (1) therapist's awareness of internal processes; and (2) effects of this awareness on the therapeutic process. Illustrative quotes from each of the seven interviews are included.

Awareness of Internal Processes

Overall, all the participants reported that the IFS model helped them focus on their internal processes. Consistent with IFS conceptualizations, all participants attributed this to the fact that IFS is a model that explicitly focuses on both the client and therapist's internal processes. Furthermore, some participants expressed that they would have been unaware of their internal processes and its involvement in the therapeutic process if they had not studied the IFS model. In many participants' opinion, IFS was the only MFT model that they had studied in their graduate program that encouraged the therapist to reflect on personal aspects and highlighted the importance of being aware of one's own internal processes as a therapist, especially in comparison to Solution Focused, Structural or Narrative.

I don't recall learning another model that helps me become self-aware. I don't know how I missed it, I just don't . . . The other models like Solution Focused, Structural, Narrative, I have not been aware of any components of those models that direct you to be Self-reflective.

As the participants discussed how IFS taught them to focus on their internal processes, many described the indicators that signaled that one or more of their parts were becoming involved in their work. These indicators included cognitions (e.g., distraction, unrelated thoughts), behaviors (e.g., fidgeting), emotions (e.g., feeling sadness), and/or physical sensations (e.g., nervousness, agitations). Participants' reports suggest that IFS had taught them not only to notice these indicators but also to view them as signaling that one of their (the therapist's) parts was triggered. All participants linked the ability to attend to and understand these personal indicators with the ability to be present and available for the client(s). This suggests that therapists used their awareness of their own internal processes to inform and guide their clinical work.

I've noticed more and more lately that with practice I've been able to notice tension in various parts of my body, especially around conflict, because I tend to be very conflict avoidant. And so, I've definitely been able to check in with myself... and notice that I was feeling tense and then checking on what that tension is like, just noticing this is conflict and [recognizing that]conflict can be scary for me sometimes.

I was working with a couple and they were being reactive to each other and there was part of me that just wanted to just jump in and jump up and down and say stop it you two, that's enough. But I was able to hang back, because I knew that if that part leads then it was going to end up being – we were all going to be more reactive. So, I recognized there wasn't much Self energy in the room, so I had to bring it in then.

In addition to offering a framework to understand internal processes, IFS also seems to provide therapists with a mechanism to handle and manage those processes. In describing what they did when noticing they were triggered by a part, most participants used expressions such as “ask the part to step back” and “coming back to a part.” In line with IFS's teachings, participants then spoke about the technique of “unblending” from a part (i.e., differentiating), so they could concentrate on the Self-to-part relationship. They believed this process allowed them to be “in as much Self as possible” with their clients while also allowing them to maintain a mindful presence during the therapeutic process. By managing their internal processes, participants reported that they were able to return to a Self-led position.

So there was a time when I was with a client who discussed a feeling of being alone, and that was at a time when it hit home for me, and I felt sad with her. And I said okay, so this is a time when I need to check in with myself so I told the client “okay – [I want to] take just a second to be quiet with you so that we can just feel it, because this is a really important feeling and I'm going to be quiet with you for a minute”... and so there

was a part of me [emotion] that relates to this story, and so I promised [the triggered emotional part] I would come back to it later . . . And I had it step to the side and it was able to watch and just acknowledge that feeling within me. I was able to allow it to step to the side while I continued the session, and that worked beautifully.

Effects of Awareness on Therapeutic Process

Participants were asked how the awareness of their own internal processes influences the therapeutic process. Four themes emerged: (1) enhancement of therapeutic relationships, (2) increased awareness of personal agendas, (3) modeling internal awareness to clients, and (4) increased awareness of clients' internal processes.

ENHANCEMENT OF THERAPEUTIC RELATIONSHIP

Most participants reported their belief that when they were able to manage their internal processes they more quickly returned to a position of Self-leadership which enhanced the therapeutic relationship. This finding is consistent with Williams and Fauth's (2005) finding that self-awareness is related to positive client ratings of the therapy process. It is also consistent with the IFS conceptualization of Self as compassionate and curious rather than judgmental (Schwartz, 1995). Some participants reported that when therapists talked in session about working with their own internal process, the clients' seemed to trust them more, which also strengthened the therapeutic relationship.

I think that [an awareness of parts] actually helped me to join with them, me being aware of it, but also to acknowledge it in front of them, because they obviously could see it and they could hear it in my voice. They can see it when I get nervous and stuff; my chest gets really blotchy and my neck, so I immediately could see it, and just acknowledging it in front of them. Not that I was thinking 'oh I better do this thing,' it just came naturally, just stepping back and taking a breath and acknowledging it in front of them. It helped the process; whereas if I didn't, I don't think I would have joined with them the way I did, and I don't think our relationship would have mapped it out to what it did.

PERSONAL AGENDAS

Almost all participants also linked the awareness of their internal processes with an enhanced ability to identify when their personal agendas crept into their clinical work. Participants described moments in the therapy session

where they could identify that a part of them with its own needs was leading the session preventing them from working with the clients' needs. Conversely, some participants reported that when they were holding Self energy they felt 'in the zone' as well as softer and lighter. According to participants' reports, those were moments in which they did not have an agenda for the therapeutic process, which seemed to allow the client to work at his or her own pace and decide which parts needed to receive attention in the session.

There was a time I was working with a mother and daughter and I was getting into this kind of repeated battle with the mother—and it happened week after week—and it really wasn't going anywhere. And then, through using IFS, I was able to find this part of me that had certain beliefs about how she should act. And kind of this part had a big agenda for her—how she should parent; how she should be receptive to what I am saying; and, how I wasn't going to let her do it her way – it had to be my way . . . this part. So through supervision and therapy, I was able to identify that part and kind of work with it, so it would step back and give me some space to work [with the client].

MODELING INTERNAL AWARENESS TO CLIENTS

Participants' experiences suggest that their explicit in-session work with their own parts provided excellent role-modeling for clients. In particular, participants talked about the power of being able to take responsibility for when they were triggered and how this helped clients' to begin to do the same. This is consistent with Schwartz' observation (1995) that when therapists are working with their parts to restore a Self-led position, the most important aspect that they are modeling for their clients is acknowledging and taking responsibility for the interference from one of their parts.

She [wife] was like the parent and he [husband] was like the child and all of sudden he turned it towards me and I could feel myself doing what she was doing. So a part of me, this mothering part of me, came out and I just started to mother him, and it's interesting because it wasn't until the following week that I realized that that's what I had done. I actually realized after that session but it was a week later when I was able to let him know that I realized that I did that. And you know, "I realized I felt like I got into that mothering position with you, and I just want to apologize;" I didn't catch it at the moment, and I'm catching it now and it was kind of like modeling that too where you can make a mistake and you know you can come back later . . . If I can take responsibility for what I do in the session again and it gives him a model – an opportunity – to do that and I think I also helped the wife to see what that looked like – somebody was mothering him.

INCREASED AWARENESS OF CLIENTS' INTERNAL PROCESSES

Most participants reported that they thought that the work they did with themselves in identifying and understanding their own internal system enhanced their ability to understand their clients'. For example, this knowledge about themselves helped them more readily understand moments when clients were blended with a part(s).

It [awareness of own parts] makes me much more aware of the parts of my clients . . . and when they surface, especially the polarity going on. I don't think that I would have recognized any of that if it hadn't been for the work that I have done with my own parts.

Clinical Training Implications

The findings that emerged support the notion that the therapists' ability to understand and work with their own internal processes has significant effects on the clinical work with clients (Aponte et al., 2009; Cheon & Murphy, 2007; Timm & Blow, 1999; Watson, 1993). The connection between the therapists' internal processes and the therapeutic work reaffirms the need that has been voiced by many contemporary professionals, educators and researchers in the field that MFT therapists have to be trained to attend, to understand, and to manage their internal processes (e.g., Cheon & Murphy, 2007; Deacon, 1996; Lum, 20002; Watson, 1993). In a field that has developed few MFT models that can help therapists understand and deal with their own internal processes, the findings from the present study suggest that this might be one of the valuable contributions that IFS can make to the MFT field. This seems particularly relevant at a time when the MFT field seems to be in need of more systematic training on the use of self in academic programs (Aponte et al., 2009, Timm & Blow, 1999).

CONCLUSION

In summary, participants in this study reported that their awareness, understanding, and successful management of their own internal system seemed to have beneficial effects on their clinical work with clients. These effects included strengthening the therapeutic relationship, identifying the therapist's personal agenda, modeling for clients how to work with their internal system, and enhancing the therapist's understanding of the client's internal system. These findings provide preliminary empirical support to the IFS model's principle that in order to help clients work with their own internal system, therapists need to be aware of, understand, and manage their own internal processes (Schwartz, 1995).

Unlike most MFT models that concentrated on observable interactions and behaviors in clients, IFS was developed as a model that focuses on the individual's internal system. The findings from the present study are consistent with IFS conceptualizations and suggest that one of the strengths of IFS lies in its ability to help beginning therapists focus, understand, and manage their own internal system with a theoretical model that can also use to guide the clinical work with clients. This strength is important not only because of the clinical benefits reported in this study but because it positions IFS as one of the few non-psychodynamic MFT models that has such strength at a moment in which the MFT field is focusing on how to train therapists more systematically to become aware of their internal processes and their influence in the clinical work.

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