

Constructing a comprehensive team approach using the refined short-term reconstructing meaningful life worlds model

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Abstract: The aim of this article is to present the comprehensive team approach based on the Refined Short-term Reconstructing Meaningful life worlds (RSRM) model that can explain the transformation and stabilization of a client's rules of reality construction using the transactions with team members, and to discuss its usefulness through a case study of a client with delusional disorder. First, the framework of the RSRM, which consists of a meta-theory, a transformation theory, systematized intervention skills, and a measurement method, is illustrated from a social constructionist point of view. Next, the transformation process for activating a force for the differentiation of the client's problem-solving activities and its stabilization is discussed as the contribution both the regular team and the intensive team. Third, the therapist's use of intervention skills to generate new "s" and "m" variables in a problematic episode are discussed using the categories of circular questions. The generation of the minimum transformation force is also visualized using three-dimensional graphs. Finally, the usefulness and challenges of the RSRM as a comprehensive model are discussed.

Keywords: social constructionist, comprehensive team approach, Refined Short-term Reconstructing Meaningful life worlds (RSRM), circular question, measurement method

Introduction

A healthcare team usually comprises different professionals, each with specific methodology to help a client. Standard team approaches include multi-disciplinary, interdisciplinary, and transdisciplinary teams, which provide services based on each professional group. However, these approaches do not define the team as a comprehensive system to generate a client's new rules of problem-solving activities. The reflecting team approach developed by Andersen (1991) offers a systemic perspective, but does not explain the transformation process in a client's

problem-solving activities by pinpointing key elements of the intervention and its use of specific skills. Therefore, the existing team approach does not have a systematized theory, sets of intervention skills, and measurement methods that explain improvement in a client's problem-solving abilities through team members' activities.

This paper discusses a theory, skills, and measurement method that improved a client's problem-solving abilities by generating a team as a comprehensive system. This new comprehensive team approach framework is based on the refined short-term reconstructing meaningful life

worlds (RSRM) model (Oshita & Kamo, 2011, 2013; Kamo & Oshita, 2014). The RSRM model comprises meta-theory, basic theory, clinical theory, intervention skills set, and measurement methods that explain the client's transformation. The application of this team approach is illustrated through a case study.

Constructing the framework

Comprehensive team approach

The RSRM-based comprehensive team approach framework reflects the dynamic transformation process. This incorporates team members' activities, the client's problem-solving activities to reconstruct reality, intervention skills, and a measurement method. The RSRM model draws on the generative systems theory as a meta-theory, and on Wittgenstein's language game theory (Wittgenstein, 1953) as a basic theory. The generative systems theory provides team members with a common basis to discuss their activities. The language game theory indicates a person's reality is constructed based on reified rules comprising speech acts ("s") and meaning construction ("m") in transactions between that person and others. A speech act represents all activities that generate specific relationships with others. A client's problematic reality in transactions with others is constructed by a set of rules comprising basic "s" and "m" variables. The client's reified rules are transformed by transactions among team members and the client. The intervention skill set comprises circular questions (Tomm, 1985, 1987a, 1987b, 1988; Hornstrup et al., 2008) and other questions that convert the client's complaint into "s" and "m." A measurement method to analyze the dynamics of these

elements is also systematized.

Transforming a complaint into an episode comprising "s" and "m"

The structure of the rule system was conceptualized as the coordinated management of meaning theory (Cronen et al., 1985). This illustrates the embedded structure and dynamics of meaning construction in human transactions. Speech acts are the most fundamental level of this rule system. More abstract levels are episode, relationship, and life-script (Cronen et al., 1985). Clients typically explain their difficulties in negative terms (e.g., "there is no point in living anymore"). This represents a construction at the life-script level, which extends into the client's wider socio-ecological system. The RSRM framework constructs a client's complaint based on specific rules that were actualized in dealing with "m" (most concrete level of the embedded structure of meaning construction) and "s" (speech acts in transactions). Throughout the interview process, the client is encouraged to re-describe their complaint as an episode comprising "m" and "s"; for example, "When my mother said to me, 'Why do you always do the same thing wrong?' (s), I felt that she was denying all of me" (m). The complaint is therefore a composition of "s" and "m," generated in a feedback loop.

Target elements for change

Figure 1 shows the simple RSRM framework transformation procedure. Let us assume X, Y, and Z are family members, and X and Y have many argument episodes (Ep1, Ep2, and Ep3) each day. A scolding episode in a meal situation (Ep1) is converted into s1, m1, s2, m2, s3, and m3 (Figure 1). For example, X did not sit on the chair (s1); Y constructed X's behavior

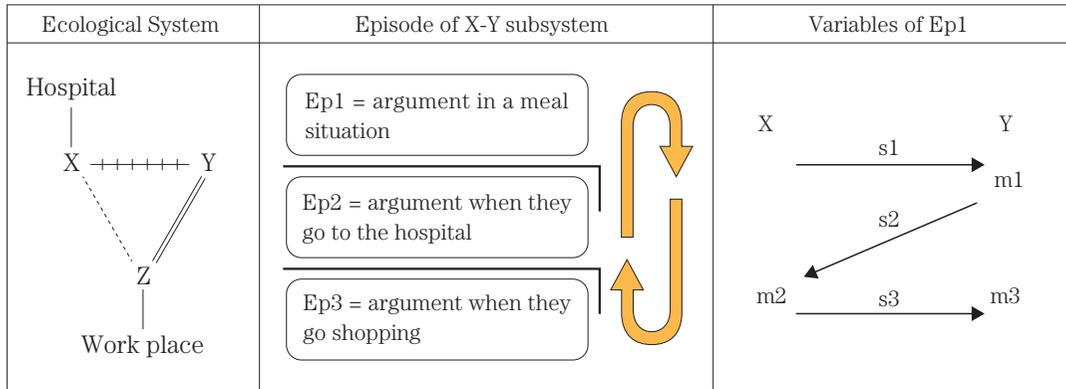


Figure 1. Ecological systems and structures of reality construction

Ep1
Ep2 | Ep1 is a higher order context than Ep2,
+----+ Stressful relationship, ——— Stable relationship, Weak relationship,
==== Emotionally strong relationship
——→ Direction of the force
s: speech act; m: meaning construction; Ep: episode; X, Y, and Z: subject in the system

as bad manners (m1), and ordered X to sit on the chair (s2). However, Y's s2 activated X's refusal to sit on the chair (s3), which activated Y's meaning construction of a scolding message (m3). This provided context for constructing Ep2 and Ep3 as scolding episodes. If variable m1 in Ep1 is differentiated (e.g., Y interprets s1 as an expression of X's cheerfulness [m1']), Y can then choose to convey an encouraging message to X (s2'). These variables might then generate a cheerful episode instead of a scolding episode (Ep1'). Ep2 and Ep3 can then be re-constructed in the context of Ep1'; transformation of "s" and "m" has the power to generate a new rule for constructing episodes.

Transformation process and intervention skills

RSRM framework intervention skills include modified circular questions (Tomm, 1985, 1987a, 1987b, 1988), solution-building questioning techniques (De Jong & Berg, 2002), and paradoxical techniques

(Weeks & L'Abate, 1982) (Table 1). Circular questions include difference questions (DifQ) and contextual questions (ConQ). This is the main skill used throughout a session to generate changes. Circular questions focus on eliciting information and exploring differences in levels of variables in a problematic episode. Solution-building questioning and paradoxical techniques are typically used in combination with circular questions. For example, the therapist encourages the client to describe their complaint using circular questions. Next, the therapist uses positive reframing to focus on the client's description of the problematic episode, and asks circular questions to clarify a target for transformation, comprising a cluster of "s" and "m" (Figure 1).

The therapist combines DifQ and ConQ circular questions to encourage the client to differentiate "s" and "m." When the client discovers a difference in "m," they are encouraged to extend the difference to other levels of embedded meaning to

Table 1. Categories of intervention techniques (Oshita & Kamo, 2013)

Categories of techniques		Abbreviation	
I Circular Questions		CQ	
1. Difference Questions		DifQ	
1) Category Differences	a) between persons	CDa	
	b) between relationships	CDb	
	c) between perception/ ideas/ beliefs	CDc	
	d) between actions/ events	CDd	
	e) category difference in past	CDe	
	f) category difference in future	CDf	
2) Temporal Differences	a) between past and past	TDa	
	b) between past and present	TDb	
	c) between past and future	TDc	
	d) between present and future	TDd	
	e) between future and future	TDe	
3) Ordering a Series of Differences	a) distinction made by one person	OSDa	
	b) distinction made by several people	OSDb	
2. Contextual Questions		ConQ	
1) Categorical Contexts	a)	-1 meaning to action	CCa1
		-2 action to meaning	CCa2
	b)	-1 content/ speech act	CCb1
		-2 speech act/ episode	CCb2
		-3 episode/ relationship	CCb3
		-4 relationship/ life script or family myth	CCb4
		-5 family myth/ cultural pattern	CCb5
-6 mixed	CCb6		
2) Temporal Contexts	a) behavioral effects in a dyadic field	TCa	
	b) behavioral effects in a triadic field	TCb	
	c) behavioral effects in larger fields	TCc	
II Solution-building Questioning Techniques		SBQT	
1. Exploring the exception		EE	
2. Miracle question		MQ	
3. Scaling question		SQ	
4. Getting by question		GQ	
III Paradoxical techniques		PT	
1. positive reframing		PR	
2. paradoxical prescription		PP	

transform their rules of construction. These differentiated rules of meaning construction have power to activate a new “s.” The client is then helped to implement these differentiated variables in everyday situations. After practicing using differentiated variables, the client is encouraged to describe the specific “s” and “m” in the practiced episode. The client then evaluates the implementation of the differentiated “s” and “m,” activating a

differentiation force on their rules of reality construction, which becomes stabilized through this transformation process.

Categorization of the therapist’s skills

The therapist conveys multifaceted messages to the client to generate small differences in “s” and “m,” which operate multi-directionally to differentiate “s” and “m” (Kamo, 2014; Oshita, 2016). These intervention messages must be categorized

Table 2. Bales' system of categories (Bales, 1950)

A. Social- emotional area: positive reactions
1. Shows solidarity, raises other's status, gives help, rewards
2. Shows tension release, jokes, laughs, shows satisfaction
3. Agrees, shows passive acceptance, understands, concurs, complies
B. Task area: neutral attempted answers
4. Gives suggestion, direction, implying autonomy for others
5. Gives opinion, evaluation, analysis, expresses feelings, wish
6. Gives orientation, information, repeats, clarifies, confirms
C. Task area: neutral questions
7. Asks for orientation, information, repetition, confirmation
8. Asks for opinion, evaluation, analysis, expression of feeling
9. Asks for suggestion, direction, possible ways of action
D. Social- emotional area: negative reactions
10. Disagrees, shows passive rejection, formality, withholds resources
11. Shows tension increase, asks for help, withdraws out of field
12. Shows antagonism, deflates other's status, defends or asserts self

in multiple ways. Each of the therapist's messages in a session is assigned a category abbreviation (Table 1). The multiple objectives of each message are represented as a main objective plus other objectives. When assigned to multiple categories, the therapist's messages contribute to clear discussion of the application of techniques to effectively generate small differences.

Measurement methods

The RSRM framework includes a systematized measurement method to visualize the dynamics of "s" and "m" sequences. These variables can be assigned to the four categories identified by Bales (1950), which each have three subsections (Table 2). Categories A and D represent opposing social-emotional areas, and categories B and C represent complementary task areas related to problem-solving. All four categories are necessary for problem resolution.

This measurement method facilitates evaluation of the transformation of dynamics between the pre- and post-intervention phases. It also helps team members visualize their contributions to

the client's generation of rules for problem-solving activities, which transform the client's problematic rules for constructing reality.

Pre-intervention variables are those involved in a problematic episode (Table 3). The (new) variables of a practiced episode are post-intervention variables (Table 4). In both phases, variables are plotted on three-dimensional graphs (Figures 2 and 3). The three-dimensional graph of post-intervention variables conceptualizes a set of rules comprising "s" and "m," from which a client's problem resolution story can be generated. The effectiveness of team members' activities may be evaluated in terms of the activation or stabilization of the client's rules for problem-solving activities.

Case

Client background

The client gave permission for the author to write about and publish this case study. To safeguard privacy, the client is referred to as "K." This case study was previously published in an article that discussed

the transformation process of a client's problematic story in individual sessions with a therapist (Oshita, 2008). The present article illustrates the transformation process in which the client's rules of problem-solving activities were activated and stabilized through transactions with team members using the RSRM framework.

K is a 30-year-old male outpatient with a chronic physical disease. The ordinary team comprising a physician, nurses, a pharmacist, and a therapist (the author), had been involved in treating K's chronic physical disease for several years, and had maintained a good relationship with him. The physician and nurses had regular sessions with K to assess his physical condition, medication, and social relationships. Other team members occasionally participated in sessions, as referred by the nurses. In ordinary sessions with the nurses, K had gradually shown signs that his mental state was deteriorating. The ordinary team members could not understand him and did not know what to do. One nurse asked the therapist to take charge of K's social adaptation problem.

Following a series of altercations with his neighbors, the police took K to the psychiatric ward. K's behavior had become extreme and escalated into physical threats of violence. He made persistent threatening gestures including brandishing a pair of scissors, threatening his neighbors with a lit cigarette lighter, and spraying them with insecticide. K was admitted as an acute psychiatric inpatient, and diagnosed with a delusional disorder unrelated to his chronic physical disease.

An intensive team approach was used in the psychiatric ward while K was an inpatient, mainly involving two psychiatrists and the therapist. The psychiatrists

assessed K's condition as severe, and tried to persuade him to find a different place to live. However, K insisted on returning to his present residence, which the psychiatrists evaluated as unrealistic. The relationship between K and the psychiatrists worsened. Ordinary team members continued occasional sessions with K, and their discharge plan was consistent with his plan. To improve K's problem-solving abilities in the decision-making process with intensive team members, the therapist planned a series of intensive interviews to transform his rules of reality construction using the RSRM framework. K learned to construct his new rules of reality construction in the intensive sessions with the therapist. These new rules were then activated in sessions with the intensive team and stabilized through ordinary sessions with ordinary team members.

Assessment

The therapist assessed K's complaints as a composition generated from K's rules for constructing problematic episodes (comprising "m" and "s"). The therapist used circular questions to encourage K to describe a problematic episode. K described an episode in which he came across a person in the neighborhood crying (person A), and brandished a pair of scissors at the person (person B) who had made person A cry. Table 3 shows the variables described by K and their categorization. His construction of the meaning of person A's speech acts and selection of his own acts toward person B followed unique rules. When K saw person A (O1; D11s), he believed they needed his help (K2; D11m) although he was not in an intimate relationship with that person. K's constructed meaning operated as the pre-figurative force that generated his instant, emotional speech act of brandishing scissors

Table 3. Pre-intervention variables

Subject	The elements of sequence	Categorization
O1	Crying (due to quarrel with another person not K)	D11s
K2	Other's behavior is appeal for help from me.	D11m
K3	(Showed a pair of scissors to another person, not crying person)	D12s
AP4	(Showed a fear of face expression)	D12s

s: speech act; m: meaning construction; D11 and D12: Bales' category; O: other; AP: another person; K: client

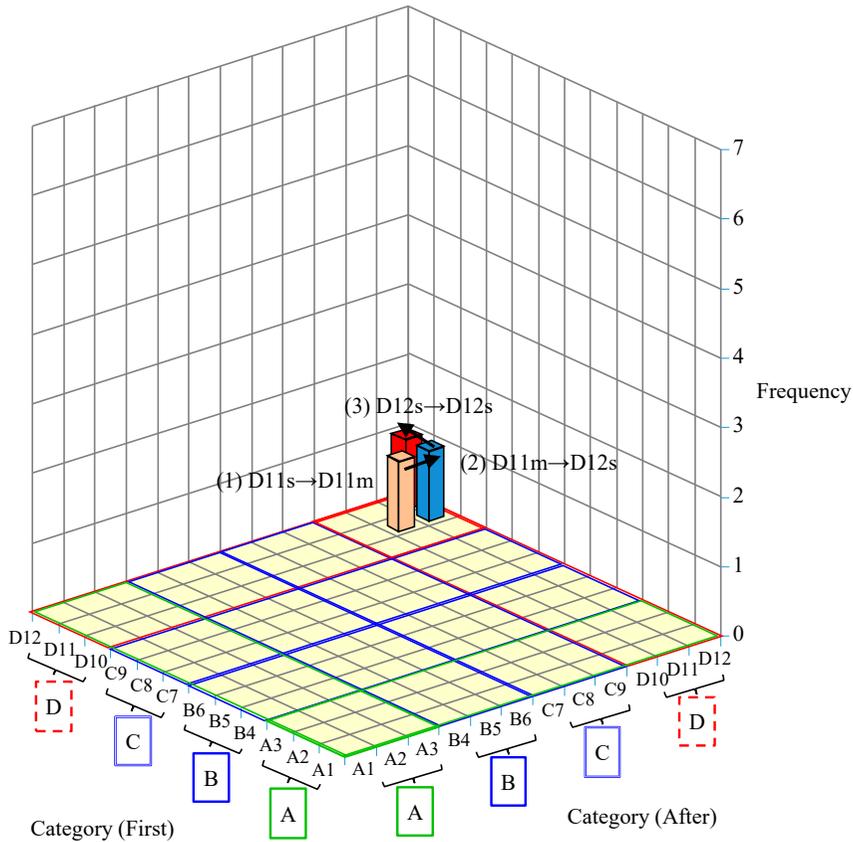


Figure 2. Three-dimensional graph of the pre-intervention phase
 A, B, C, and D: Bales' categories; s: speech act; m: meaning construction
 Different color: First crossing point

at person B (K3; D12s). K insisted this was a problem-solving activity for both person A and person B by excluding the variable AP4 (D12s).

The variables in Table 3 were plotted on a three-dimensional graph (Figure 2). Crossing point numbers (1) through (3) in Table 3 are the same as coordinate

numbers (1) through (3) in Figure 2. The graph represents the dynamics of the generating sequence in K's problematic episode. The X-axes; Category (First) and Y-axes; Category (After) represent Bales' categories, and the Z-axis represents frequency. The procedure for plotting the variables from Table 3 was as follows. First,

the “other person’s behavior” was located at D11 on the X-axis, and K’s meaning construction at D11 on the Y-axis. These categorized variables cross at point (1). Next, K’s meaning construction was located at D11 on the X-axis and his behavior selection at D12 on the Y-axis. These variables cross at point (2). The remaining variables were plotted using the same procedure. The variable “s” (K3) in Table 3 represents K’s symptomatic behavior, which interconnects with the variable “m” of the other person’s behavior selection (K2) in Table 3. Therefore, if variable “m” were to be differentiated, K’s symptomatic behavior would disappear.

Intervention strategies

The first intervention strategy was to generate a force for differentiation of “m” and “s” in the problematic situation through the therapist using circular questions. The second strategy was to activate a force to practice the new “s” in transactions with the therapist. The third strategy was to activate K’s new “s” and “m” rules in his transactions with intensive team members. The final strategy was to stabilize K’s rules of performing effective self-evaluation with regard to his rules of reality construction in a real-life situation.

Intensive intervention process for K’s rules of reality construction and categorization of the therapist’s intervention techniques

After describing the variables involved in the problematic episode, the therapist encouraged K to reflect on the relational meaning of his brandishing the scissors, considering the neighbor’s subsequent facial expression of fear (variable AP4 in Table 3).

The following dialogues (1TH to 12CL) were part of a session with the therapist. TH is the therapist-author and CL is

the abbreviation for K. Based on the therapist’s objectives of differentiation, the therapist’s messages are categorized using the abbreviations listed in Table 1. These message categories are shown in parentheses. For example, the therapist’s main objective of differentiation in 1TH is illustrated by TCa as the first category in parentheses. However, the therapist always asked questions that contained multiple alternative objectives of differentiation to provide various response options for K (CDc). Therefore, the therapist’s secondary or tertiary objectives of differentiation are illustrated as a second category in parentheses (e.g., TCa/CDc). The therapist strategically applied the second objective of differentiation in the subsequent message as a main objective of differentiation, depending on the client’s response.

1TH: What happened after you brandished a pair of scissors to stop another person’s behavior toward the crying person?
(TCa/CDc)

2CL: Uh...though I did not know the reason, they escaped without speaking to me... They seemed to fear me.

3TH: You tried to help a crying person...but the crying person and another person feared you, right?...I think you seemed to take an unhelpful role...(TCa/CDc, CCa2)

4CL: Yes, I really think so now, too.

In this process, the therapist’s ConQ (TCa) in 1TH encouraged K to rethink his “s” in 2CL. Then, the therapist asked K using ConQ (TCa) in 3TH to reflect on his “s.” K could then express his role activities as unhelpful for him in 4CL.

The therapist in 5TH asked K to invent a new “s” so that he could avoid taking an unhelpful role with a crying neighbor on the

future axis using DifQ (CDc).

5TH: What would you do if you saw a neighbor crying, to avoid taking an unhelpful role? (CDc/CDD)

6CL: Well...I get it! I would "ignore" it!

7TH: I'm sorry? Could you tell me what you would think when you saw someone crying? (CDc/CDD, TCa, CCa2)

8CL: I understand the crying person A as not asking me for help.

In this sequence, K described the idea of "ignore" in 6CL. In 7TH, the therapist continued to use CDc to clarify the specific "m" of the other person's message "s," which could then connect to K's new "s." K was able to generate a new meaning for the other person's message in 8CL. The next step was to activate a force for implementation of a new "s" and "m," which K invented.

9TH: I see...then, could you tell me what you would do for person A and person B now? (TCa/ CCa2, CCa1)

10CL: I would ignore them (m). I would not do anything to them (s).

11TH: If you can handle it in this way from now on, what will happen to you? (TCa/CDD)

12CL: I feel I can go back to work.

In this dialogue, using the therapist's TCa (ConQ) in 9TH, K was able to re-describe the specific "s" and "m" in 10CL. The therapist encouraged K to construct a new episode in which he could implement the new "m" and "s" using TCa in 11TH. K was therefore able to imagine himself in a workplace in 12CL. By using polysemic therapeutic messages to differentiate the "m" and "s" of his problematic episode, K was able to make a plan to implement his

new resolution activities. This intervention strategy gave K tools that he could apply in real-life situations.

Activating K's new sets of "s" and "m" as problem-solving activities in transactions with intensive and ordinary team members

Next, K's new sets of "s" and "m" were activated in a joint session with two psychiatrists, in which they planned to assess improvement in K's rational judgment of reality. In this session, the therapist aimed to activate K's new set of "s" and "m" through reflecting by the psychiatrists. The therapist encouraged K to explain the trigger (seeing person A crying) for his maladaptive behavior selection "s" and "m," and his new problem-solving activities "s" and "m" (to ignore it) that had been constructed in the sessions with the therapist. K's explanation was reflected by the psychiatrists as improvement in his rational judgment. K's discharge plan to return to his present residence was accepted in this joint session. This allowed K to practice his problem-solving activities "s" and "m" with his neighbors.

After K's discharge, the therapist had a follow-up session aimed at stabilizing the new rules of problem-solving in the client's life situation by means of the client's self-evaluation strategy. K reported he had performed new sets of "s" and "m" in his life situation. He had successfully avoided getting into trouble with his neighbors and colleagues, and continued to work. K could also evaluate his new problem-solving "s" and "m" as useful way to avoid trouble.

After this, the ordinary team took over responsibility for improvement of K's social adaptation problem as well as K's physical treatment. The nurses encouraged K to describe his rules of "ignoring" practice consisting of "s" and "m" in their sessions.

Table 4. Post-intervention variables

Subject	The elements of sequence	Categorization
O1	Crying (due to quarrel with another person not K)	D11s
K2	The crying behavior of the other person directed me to ignore it.	B4m
K3	(To someone not related to the crying person) How's it going?	A1s
AP4	Pretty good!	A1s

(1')
(2')
(3')

s: speech act; m: meaning construction; A1, C7, D11: Bales' categories; O: other; AP: another person; K: client

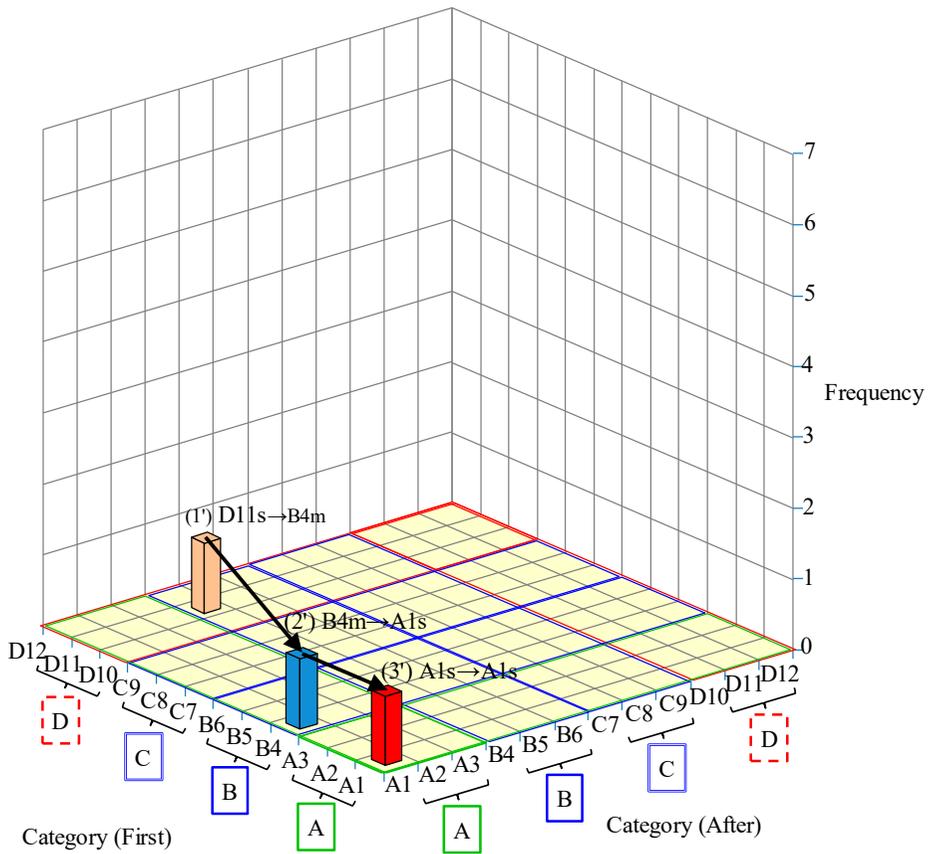


Figure 3. Three-dimensional graph of the post-intervention phase
A, B, C, and D: Bales' categories; s: speech act; m: meaning construction
Different color: First crossing point

His explanations allowed the nurses and ordinary team members to maintain a good relationship with him. This renewed relationship with the ordinary team contributed to stabilizing K's new rules of problem-solving activities.

Measurement

The variables of a successful episode in the workplace were gathered using circular questions in the individual session with the therapist, and categorized based on Bales' categories (Table 4). Post-intervention categorized data are plotted onto the three-

dimensional graph (Figure 3).

The variables K2 (B4m) and K3 (A1s) in Table 4 were the “m” and “s” that K had anticipated in the session with the therapist. This indicated K’s new rules for problem-solving activities had stabilized. The three-dimensional graph represents the dynamics of K’s new “m” and “s” sets as problem-solving activities. A comparison of Figures 2 and 3 shows the different “s” and “m” dynamics of K’s resolution activities. In the post-intervention phase, when K saw the other person crying (O1; D11s), he was able to construct the meaning of O1 as a behavior which was not related to him (K2; B4m). His new “m” in O1 helped him to choose greeting another person (A1s) as resolution activity “s,” in which he “ignored” the crying person’s O1. K’s resolution activity “s” prompted a greeting from another person (AP4; A1s). The transformed dynamics of the new episode are shown in Figure 3.

Results

The above intervention using the RSRM framework promoted improvement in K’s social adaptation level by generating a new set of “s” and “m,” with the therapist mainly using TCa (ConQ) and CDc (DifQ) in intensive sessions. The intensive and ordinary team members’ transactions with K contributed to activating and stabilizing his new rules of problem-solving activities. Moreover, this transformation allowed reduction of his antipsychotic medication. Consequently, he was able to keep his job and continue treatment for his chronic disease.

Discussion

Three main points emerged from the RSRM framework applied to the client with a delusional disorder in terms of a team approach. First, the RSRM-based comprehensive team approach was illustrated through the process of generating and stabilizing the client’s rules of problem-solving activities (sets of “s” and “m”). That is, the RSRM transformation procedures were pinpointed within the interventions in order to improve the client’s problem-solving abilities. Secondly, the categorization of the therapist’s continuous selection of intervention skills provided a means for discussing the selection of skills. For example, the intervention skill 1TH was illustrated as TCa/CDc. If the therapist chose CDc in 1TH as the main objectives of the intervention process, the intervention target would transfer from “s” as K’s speech act to “m” as the perception of the other person’s behavior. The categorization of skills can provide a basis for discussing the usefulness of choosing different intervention skills, thereby contributing to systematic assessment of the utility of these skills throughout the intervention process. Third, the new measurement method for visualizing the differentiation of the minimum elements in the problematic episode was demonstrated using three-dimensional graphs.

The RSRM as a team approach has a variety of challenges. To further improve the RSRM as a comprehensive team approach, more case studies are needed which can uncover the co-generation process between the multiple professionals’ intervention activities and the generation of the new rules of the client’s problem resolution. Furthermore, the improvement of the measurement methods of the RSRM

is needed to visualize and validate the dynamics of transformation in the team. Along these lines, the new usage of three-dimensional graphs as a tool to discuss the intervention plan between the different professionals should be also developed.

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