

Solution News

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United Kingdom Association for Solution Focused Practice

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Hello and welcome to the very first edition of Solution News.

Like the UKASFP, the aim of this bulletin is to help people with an interest in solution

focused practice network, share ideas, and promote solution-focused working. How to do this best is something we're still working on, and will need your help with.

What you'll find in this issue is a selection of brief articles and what could be the start of some regular features. If some of them work, let us know and we'll try to do more of them. If you were hoping for something that isn't here then let us know that too, so we can include something different next time around.

Most of the developments in the UKASFP to date have happened because individuals have had a 'wouldn't it be great if...?' idea, and then instead of assuming that someone else would do it, have assumed that if they didn't, no-one else might, and so got on and did it themselves, to the benefit of us all. Solution News is like that too, so please do get involved and contribute. This is meant to be YOUR bulletin.

In my miracle for this issue of Solution News readers find the contents really useful, feel inspired to get in touch with a contribution or question for the next issue, and wait with anticipation for issue two. Please let me know how we've done (with or without a score from 1-10) and / or send your contributions to me at: editor@solution-news.co.uk.

Happy reading!

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Solution Focused Therapy in the UK

Evan George reflects on the changing attitudes in the UK to solution focused working

In the mid-nineties Steve de Shazer was presenting his latest work at one of the Brief Therapy Practice's regular events. A substantial number of people attended the two-day event during which he showed a session of his own work: a tape that he had called 'Coming through the Ceiling'. For those of you unfamiliar with this piece of work Steve is meeting with a woman who comes to him complaining that she can't sleep and asks for Steve's help in being able to sleep. She goes on to explain that in the flat above her lives a man who has built a machine that emits rays directed at her and that this is preventing her sleeping. Steve begins to explore exceptions to the rule of the problem with her, times when she has been able to sleep and based on this conversation a therapeutic task emerges. She is going to secretly experiment (perhaps very quietly, Steve suggests), moving her bed and seeing what difference this makes. The client responds enthusiastically and begins to have her own new ideas about how to handle the situation. When she returns for the second session she talks with Steve in a lively way, about the steps she has been taking and tells him that she has

been sleeping better. This tape split the group. A number of psychiatrists declared the work irresponsible and dangerous, accused Steve of colluding with the client's delusions, and walked out.

Whilst the responses to this particular tape were extreme, and this piece of work still challenges and exercises many, they were a version of a view that

was not unusual at the time, namely 'you can't work this way – it's wrong – it's unethical – it won't work – it's dangerous'. Even ten years ago the solution focused approach still had the power to shock, existing, as it did, on the

radical edge. It was at best puzzling and thought-provoking, and at worst ludicrous and dangerous. Just 10 years later the environment is very different: solution focused work had been brought into the mainstream of 'therapeutic' life, especially by front-line agencies. The approach is now routinely introduced on many basic training courses for a range of professions; government departments produce policy documents which refer to solution focused work, and whole teams adopt this way of working as their default

"Even ten years ago the solution focused approach still had the power to shock, existing on the radical edge"



Evan is a founding member of the Brief Therapy Practice in London, where he works as a trainer, consultant and therapist. He teaches widely throughout the UK and further afield and has recently been particularly interested in solution focused leadership and solution focused coaching. You can contact Evan at evangeorge@brieftherapy.org.uk

approach. Solution focused brief therapy has become popular.

Trying to explain this fundamental shift is not straightforward. Of course the easiest explanation would be the word 'brief'. Increasingly the public sector has been dominated by the question of 'value for money'. "If approaches that do not describe themselves as 'brief' cannot demonstrate better outcomes, how can those approaches be justified?" is a question increasingly posed by those who hold the purse-strings. In a world of spin and marketing perhaps non-'brief' approaches have missed the mood of commissioners just as they may have failed to take account of the increased pace of all of our lives. Why, in our pressured lives, we ask, should we take ten sessions to reach our goal if nine would have sufficed? An approach that is branded 'brief' will have the edge. However, I think that perhaps there is more to the shift than merely the word 'brief'.

Solution focused brief therapy fits, I believe, with our less deferent, more demanding and more sceptical times. Our attitude to professionals has changed, professionals must be held to account, for they are our servants not our bosses and when they fail to deliver they will be sued. The traditional model within which the professional is the expert, (not just a technical expert, but an expert on us, on our lives, on how we should live), is being challenged. The question that dominates the Brief Therapy Practice's approach to solution focused work 'what are your best hopes for our work together?' is perfectly in line with this shift. The service-user will determine the outcome of the operation, whilst the job of the professional is to deliver what the service-user specifies. Questions that cannot be demonstrated to fall in line with the outcome specification are redefined as intrusive, impositional and impertinent. Here, exemplified in this one question, is the sea-change. The power-relationship has changed - the service-user takes charge whilst the worker becomes a technician, serving the service-user. Partnership, that word that is so current and yet so problematic in the public sector, is here

being taken seriously in a way that troubles many of those who have used it lightly.

Whilst the idea of partnership has been appearing over the professional horizon, an older aspiration 'equal opportunities delivery of services' has remained quite sufficiently taxing to us all. Here again, solution focused brief therapy may have benefited from the continuing struggle to think how to take this aspiration seriously, to turn aspiration into reality. And it is precisely one of the aspects of the approach that is so challenging that has also proved a 'selling-point'. Solution focused brief therapy is non-normative - we do not have an idea of how people should be or of what they should want from our work together. We have to ask 'what are your best hopes for our work together?' because otherwise we could not know what direction to take the work. This means that the work that we do is more likely to be open to the specific preferences of all those who come to us rather than imposing my (the worker's idea) of what is right for you. And as we explore with people the elements of that reality that are already in place and what the service-user has been doing that is different at those moments, the service-user tells herself her own 'identity-fitting' way of making progress. Here then at the least we have a serious attempt to work with people in a way that minimises the likelihood that I will impose my own white, male, middle-class and middle-aged values on my clients.

So perhaps the growth of solution focused work should not surprise us. Together we have been lucky enough to find ourselves in the right place at the right time and by being here, by making available a technology of change that is minimally impositional and which makes partnership a reality, we have contributed, in a small way, to strengthening these social developments that support notions of equality and justice.

The UKASFP Story so Far

Bill O'Connell tells his version of how we got to where we are

"How do we get what we want, without getting what we don't want?" This question focused the minds of those who first met in Birmingham in December 2002 to explore the setting up of an association for solution focused practice. What we did want was a network of other committed solution focused practitioners. What we didn't want was another bureaucratic and hierarchical institution, regulating and controlling the creative enterprise of those in the field.

Some feared that an association would become an exclusive club – better at keeping people out than drawing people in! We did not want a professional organisation distanced from the interests of those on the front line. At the same time, we recognised that the absence of a professional organisation was unhelpful to clients and practitioners.

We felt too that the association should be as inclusive as possible and encompass those using the approach in arenas other than therapy. Calling it an association for solution focused practice reflected this reality.

We were keen that the association should model genuinely solution focused

values. We wanted collaborative working; respectful support and challenge; a focus on solutions not problems, and a recognition of diverse strengths and strategies.

There was an emerging consensus that we needed an organisation which would:

- Enable practitioners to share good practice.
- Raise the national profile of solution focused practice.
- Provide information to the general public about the approach and facilitate their access to solution focused practitioners.
- Explore professional issues such as accreditation.

"We were keen that the association should model genuinely solution focused values"

We agreed to form three working groups to take matters further: an accreditation group; a constitution group and a third group with the broader remit of 'the way

forward'. It was agreed that these groups would present ideas for further discussion at a bigger meeting in Lancaster six months later.

The meeting in Lancaster in June 2003 was decisive. Those who favoured a minimalist constitution won the day. Despite misgivings about the contentious issue of accreditation, we agreed



Bill O'Connell was formerly the Programme Leader for the M.A. in Solution Focused Brief Therapy at the University of Birmingham. He is now the Director of Training for Focus on Solutions Ltd. He is the author of *Solution-Focused Therapy*, *Solution-Focused Stress Counselling* and Co-Editor of *The Handbook of Solution-Focused Therapy*.

to pursue it as an issue important to many potential members.

Most importantly, we voted to launch the UK Association for Solution Focused Practice. My abiding memory of the day is of people throwing £10 notes into the middle of the circle as a dramatic gesture of commitment!

Following on from the Lancaster meeting Andrew Duggan set up a 'Smartgroups' website forum to enable us to continue our discussions. There followed a period of immense hard work by a small and dedicated group preparing for our first public 'event'. This group had its reward when the association ran a very successful, well-supported conference in Preston in June 2004. We held our first A.G.M. alongside the conference and we elected our first officers.

The Association has come a long way in a short time. It has a membership of over 100; a small directory of practitioners; a website; a lively discussion forum, and now this newsletter. A conference group is laying the groundwork for our second conference in

Preston in June 2005. The Association has tried hard to engage the whole membership and respect the diversity of views held within it.

This brief account does not claim to be the definitive history of the UKASFP, but simply my own recollections of the process which has got us to where we are today. Others will have different perspectives.

The future holds many challenges, not least of which is the impending regulation of therapy by government. Our fledgling organisation is caught up in the middle of a fierce territorial battle between competing professional bodies. It is our hope that we manage to negotiate this difficult issue and emerge with a strengthened power-base at the end.

As was said last year to members, " You have not joined an association, you are the Association."

The future's bright, the future's solution focused.



Following the success of the fully sold out 1st National Conference, the UKASFP are pleased to announce:

The 2nd National Conference 'Doing What Works and Sharing it'

Friday 17th June 2005

The Hindu Gujarat Centre, South Meadow Lane Preston Lancashire

Keynote Speaker: Dr Alasdair Macdonald

Conference Chair: Dominic Bray

Plenary Chair: Bill O'Connell

Choice of 10 workshops exploring the creative use of solution focused approaches in a variety of settings

COST (Including lunch and refreshments):

£30 TO UKASFP MEMBERS £40 TO NON MEMBERS

For more information and to book (1st come basis only), please contact:

Win Leach, Psychology Service, Royal Preston Hospital, Sharoe Green Lane, Fulwood.

Preston PR2 9HT, 01772-523252 winifred.leach@lthtr.nhs.uk

ASSOCIATION NEWS

A round-up of the work of the UKASFP sub-systems

Carole Waskett writes a few words on what the General committee has been doing.

After the stunning success of the first ever UKASFP conference last year in Preston, the newly elected general committee took a while to get moving, but by the end of July emails were starting to flow. Dominic as chair was issuing 'state of the nation' emails, keeping an eye on the big picture and encouraging us all, and clearly work had started on trying to fulfil a useful role in this startlingly dynamic and talented organisation. The committee met in January. At first we grappled with our identity, by asking ourselves "If at the next AGM the membership said we were a wonderful committee, what would they be pointing to that showed we really were?" Guided by what the first 100 members had asked for as 'best hopes' we began to develop more clarity about the website, some important ideas about making new and old members feel welcomed, thoughts about the UKASFP as a professional body relating to others, and – a newsletter! Here it is! There is much more to do. We really do want feedback and ideas from the membership; we want to remain connected and responsive to everyone's wishes and hopes. We meet

again on 6th May. Send a quick email to one of us or to the Smartgroup if you have a fleeting thought about what we should be doing!



Alasdair MacDonald provides a brief update on the work of the Accreditation committee.

Andrew, Rayya, Bill and I have been working on a draft of a document about possible choices the UKASFP could make with regard to accreditation, with a view to having it ready for sending out by April. We have included a 'do nothing' option and a 'full debate by all' option. The Neurolinguistic Psychotherapy and Counselling Association (NLPtCA - a subgroup of the association for NLP in the UK and a section member within UKCP) might be willing to set up a separate UKCP section with solution focused therapy; Dominic will be taking that to the general committee as one possibility. The BACP are withdrawing personal therapy as a requirement, so we could also think of going in with them.



Paul Hanton provides a summary of the work of the Conference committee

The organising committee had its last meeting in mid-February. Minutes are available on the smartgroups site. An action plan was agreed for tasks still to be done such as contacting workshop presenters and ensuring that the right equipment is available to them, producing flyers, and so on. Alasdair Macdonald will be the keynote speaker, with Dominic Bray chairing the day. An initial whole conference workshop will be facilitated by Chris Iveson, followed by two sessions during the afternoon, each with a choice of five workshops. Bill O'Connell will preside over a plenary session to round off the day. The venue is booked, flyers are on the way and the group feel that all that can be done, has been done, with Win playing her usual silent and highly effective role. The cost of the conference will be £40 for non UKASFP members and £30 for members. Details of how to book appear on page six of this issue.



The UKASFP AGM will be held at the Preston conference on 17th June 2005

Letter from the Future: 22 Dec 2007

Dominic Bray looks back on how we got to where we might be going



Dominic works as a Clinical Psychologist in general hospitals with people with a variety of conditions including cancer (oncology and palliative care), renal failure, chronic pain, ME and fibromyalgia. He does quite a lot of training and supervision for medical and non-medical staff. He's also the UKASFP Chair, 2004-2005.

I remember in 2004 it felt like we were just getting going. We had a small but beautifully formed website and the directory of solution focused practitioners was just getting underway. At that point we only had 24, which we thought was pretty good. Now looking at it with SF Practitioners from all over the world being on it with better specifications for country/ even region of country we have got something to be proud of that is certainly useful. We don't see any more on the on-line lists posts headed "looking for a therapist in Ulanbator" or "has anyone seen John Smith?". Yes, looking back now that is when we really started getting coherent as a bunch of people who were, fittingly, focused on promoting good solution focused work through knowing where each other was, sharing ideas, publishing good works and all that. Thinking about it, what is really good is that we have managed to stay true to our model i.e. we have kept looking at where we want to go and building on the ways in which we already have competence. In this way, it feels like we've "practised what we preached" and effectively validated the model in the context of building an organisation.

We have also forged good links with other solution focused associations around the world and umbrella bodies like the EBTA. We have done this in a non-stuffy, non-bureaucratic "doing what works way" rather than getting bogged down in minutia. We know we've done it well because we still find we are doing the things that are important like promoting good solution focused work, which is after all what we are about.

"we have managed to stay true to our model and kept looking at where we want to go and building on where we already have competence"

Another big thing that we've dealt with successfully is the thorny accreditation issue. Back in 2004 (and in fact before that), folks had strong opinions both from the pro and anti camps and there was

even some concern about potential splits (as in other organisations) because of this. We've managed to identify the best fit solution, which meant that we kept our strength as a unified body of solution focused practitioners, which enabled those who feel it is right/ need to have accreditation to have their needs met without excluding/downgrading those who have equally sincere reasons passionately believed the opposite. I suppose what made the difference was that we focused on "what do we need to

put in place to do what we have to do" and, satisfyingly, we handled the whole thing in a solution focused as opposed to a problem saturated way.

Thinking about it, the web site, directory, and resolution of the accreditation challenge are all things that gained our association respect in the eyes of others for being different and functional. In fact, we around this time started reinforcing links with relevant other organisations, such as the Department of Health, the Department of Education, the Department for Employment and various

regulatory bodies. We started seeing more and more references to solution focused work in "best practice" guidelines such as the NICE and this happened alongside the "evidence base" increasing rapidly for our brand of helping people.

I guess also what I am also very happy about is that we stayed friends. We were able to give each other the benefit of the doubt and because of this build each other up in our practice and for that matter in our self esteem, once again making the UKASFP effective and different.

BOOK REVIEWS

Solution News has a number of books available for members to review. If you would like to review one of the books below, or another book, or if you would like to make a book available for review, please contact books@solution-news.co.uk.

Books currently available:

- *Solution Focused Stress Counselling* by Bill O'Connell
- *Focus on Solutions: A Health Professional's Guide* by Kidge Burns
- *Handbook of Solution-Focused Therapy*. Edited by Bill O'Connell and Stephen Palmer
- *Solution-Focused Therapy (2nd edition)* by Bill O'Connell.

CORRESPONDENCE

We welcome your views and comments on any article in Solution News, the UKASFP, or on any other solution focused topic. We hope to have a letters page for such contributions in future issues. Send your correspondence to letters@solution-news.co.uk, indicating clearly whether you intend your correspondence for print or solely for consumption by the Solution News team.

USEFUL WEB-LINKS

UKASFP web-site is at www.ukasfp.co.uk

Join the UKASFP national discussion group at www.smartgroups.com

European Brief Therapy Association web site is at www.ebta.nu

The St John's (SFT-L) international discussion list is at

<http://maelstrom.stjohns.edu/CGI/wa.exe?SUBED1=sft-l&A=1>

Answers, Not Questions

A spotlight on Solution Focused Mediation by *Joe Windsor*



Joe Windsor's work is research-based. He is a solution focused therapist and also a mediator, and a stress management consultant and counsellor.

It's not surprising that keen minds come to similar conclusions. Solution Focused Brief Therapy (SFBT) evolved as people sought a more creative approach to helping clients facing a wide range of personal problems. Solution Focused Mediation (SFM) evolved in a similar way for identical reasons. There are many parallels between the two.

One list of the advantages of mediation (also known as Alternative Dispute Resolution or ADR) includes: an informal person-centred approach (albeit structured); flexibility; a non-judgemental process; that it generates creative solutions, repairs relationships, saves time and money, and reduces stress. That sits well alongside SFBT values. As the benefits and successes of SFM become more widely known, it becomes a process called for and often required as a precursor to any formalised or legal resolution to conflict. A recent addition was the introduction of mediation when parted couples must agree rules for access to their children or are not abiding by a judgement for access. Most

'community' problems – noise, parking or other confrontational behaviours, use of shared facilities, gardens (especially rows about Leylandii!) – are better resolved through SFM than by court action which always leaves a bitter taste in the loser's mouth and can destroy any chance of rebuilding relationships.

Offender / victim mediation is a growing area of work, built on the wish to allow the victim to discharge their anger and move

on from the trauma of the crime and hopefully encourage the offender to understand the distress s/he caused and hence reform subsequent behaviour. Whilst the jury is out on this one there have been a number of well documented cases achieving significant benefits for both parties. A surprising sector of

"Amongst mediators, as amongst SF practitioners, the view is that we need to share information and support each other whatever our background training might be"

SFM work is in schools. Under the guidance of trained teachers / assistants, school-children are taught to be mediators and within guidelines mediate over disputes between pupils. This approach is extremely successful for reasons we can readily appreciate. As to 'brief' – pupil mediators knock off a case

in about five minutes! It saves staff time, pupils accept guidance from their peers, no-one loses face or sulks over the 'judgement' handed down or any subsequent punishment. Subsequent ongoing vendettas between the parties and their chums become a thing of the past.

One interesting parallel between SFBT and SFM is the use of the miracle question. Well, in SFM that becomes the magic wand question. Its use in SFM is self-evident. Mediation UK is the umbrella organisation for Community Mediation Practitioners and the editor of their magazine says: 'the solution lies within the capacities of the disputants themselves'. Absolutely. Our skill as SFBT practitioners lies in bringing out that solution. And so with SFM mediators.

So it's all great for mediation? Actually, no. There are two key problems familiar to us in SFBT. The first is a diversity of methods. Within the mediation movement there are three major types of practitioner. The more abstract form is Transformative Mediation. The core theme is to 'transform the way the clients (or disputants) think of others and hence how they behave towards them'. Out of this transformation will come a resolution. The trouble is that if a client is not disposed to think differently, the mediation will fail. The median form is SFM, also known within the mediation movement as Satisfaction Mediation. This is most likely to succeed in achieving a wide range of objectives including resolution of the problem coupled with building relationships between clients / disputants.

The last group I call Process Mediators. Sadly there are many of these and they break the most fundamental rule of true mediation – they form a view of who is 'right' and hence who is 'wrong' and manipulate the process to achieve that outcome. Unsurprisingly, some of this type of mediator are solicitors who have had to take up and offer mediation services because of requirements by courts and others. But they bring with them the baggage of their prior training which, in British law, is adversarial. There is a sub-

group here of people employed by one client and untrained in true mediation whose role is to 'win' the case without it going to Court whilst using the cover of mediation. Sad, but true. Mediators MUST BE independent, even if one client meets the total cost of the mediation service.

The second problem we share is that, like SFBT, SFM has to be 'sold' – few clients ask for it. So as practitioners we have to find ways to convince people of the help we can offer. Where SFBT or SFM is 'imposed' by a third party, that in itself generates a resistance to our process. Clients have to buy in to what we offer. Perhaps wider use of the internet will bring clients to us as they seek answers to their problems? Is this the way we will go?

Amongst mediators, as amongst SFBT practitioners, the view is that we need to share information, support each other whatever our background training might be and promote our proposition. This, too, is at a formative stage. One challenge is the almost free-form nature of both disciplines. The practitioner's personal qualities, training, subsequent research and experience all result in variations in the treatment of individual cases. The common factor is to achieve a successful outcome. This may not be easy to codify and hence share.

As both a SFBT and SFM, I am very aware of the value my brief therapy work adds to my mediation activities. Anyone inclined might like to consider qualifying as a SFM and adding that scope of activity to their portfolio. It can be very satisfying. Various courses are available but one example runs for one day per week over 12 weeks resulting in a National Open College Network accreditation. Who knows, perhaps one day the two disciplines will merge providing a seamless response to personal problems presented in various ways.

Questions of Clarification with Solution Focused Reflecting Team

In the first of an occasional series, *Harry Norman* looks at the mechanics of SFRTeams



Harry is a brief therapist and trainer based in Bristol. He is interested in how we maintain our enthusiasm for learning and developing as practitioners. He developed the Solution Focused Reflecting Team model and the Solution Focused Criteria Map as aides to practice development. Harry can be contacted at support@solutionsology.co.uk

Solution Focused Reflecting Teams (SFRTeams) have been applied in a variety of contexts including peer supervision, mutual mentoring, case conferences, as a project and business support tool and as an organisational development tool.

The basic format consists of a set of time-constrained and structured phases in which the person receiving help prepares and presents the issue they want help with. The helping-team then clarify what they need to know, then compliment (or affirm) the case presenter and reflect on their understanding and appreciation of the situation. Finally, the case presenter closes their section of the meeting by specifying some action they will undertake. (A cycle of preparing, clarifying, affirming, reflecting and closing phases.)

Each member of the team, (usually around five members), may take turns to receive the undivided attention of the helping team for about thirty minutes per issue. The structure of SFRTeams aims to create a supportive team atmosphere very quickly. Fuller descriptions of the core structure of SFRTeams is available in the publications listed below and on www.solutionsology.co.uk

This paper focuses on the Clarification Phase of SFRTeams. I have encouraged the use of open questions (questions that invite more of a response than

a 'Yes' or 'No' answer) and discouraged the use of closed questions (questions that invite a 'Yes' or 'No' answer) with SFRTeams. This is important because a series of closed questions can, inadvertently, steer the helping-team to adopting a theory or position about the case-presenter's situation, which constrains the compliments and reflections offered later. The purpose of the Affirming and Reflecting Phases are to open up possibilities and offer choices to the case-presenter, not to limit the frame of reference of the helping-team and case-presenter. Closed questions that steer in this way are in effect 'covert reflections', because they can introduce new possibilities and limitations into the session too early.

Closed Questions That Steer

Examples of using closed questions to develop a theory, or position, offer covert reflections, or steer the inquiry could be:

1. Does the client have trouble asserting himself?
2. Have you tried visualising yourself succeeding in this area of your life?

Notice that the focus of these questions is on speculating about the case-presenter's client or the case-presenter. Of course, any of this content (assertiveness, visioning etc) is a suitable basis for possible reflections to be offered later.

Closed Questions That Clarify

I have noticed that skilled solution focused practitioners continue to use some closed questioning during the clarifying phase. I have observed they do this primarily to clarify or understand facts about the situation that case-presenter seeks help with.

For example

1. Did you say the client never has the problem on a Tuesday?
2. Did you say you are more relaxed and creative if you get up early in the morning?

Notice the focus of the questions is on the account the case-presenters has given of the client's words or (where the case-presenter is also the client) on case-presenter's own words.

One common assumption I notice in conversations with colleagues about the SFRTeam model is that only solution-focused practitioners and trainees use it. This is not true. For some teams and groups an SFRTeam is their first (and maybe only) experience of solution focused thinking and practice. Some colleagues are less concerned about the issue of closed questions than I am. One colleague recently insisted that only closed questions should be used in the Clarifying stage! However, he was assuming that the Presentation phase is always be long enough for the case-presenter to tell their story and that the skilled helping team would only ask closed questions to clarify facts. Michael Hjerth has experimented with using a Presentation phase consisting of only one sentence. This variation is helpful where the case-presenter isn't clear about what they want and is also useful testing and building the questioning skill of the helping team.

There are two threads to my thinking about the quality of questioning in the Clarification phase; 'What kinds of questions work best across different contexts?' and 'What else works?' One effective way I have found to improve the quality of the Clarifying phase is to firmly remind the helping team that part of their job during the Clarification phase is to get ready to compliment the case-presenter in the Affirming phase, AND tell them there is

a rule that each member of the helping team is only allowed to offer ONE COMPLIMENT to the case-presenter. One compliment seems to take a lot more thought than two or three compliments! When a helping team take this idea seriously the pace of the questioning slows down and the quality of the helping team's listening improves.

So what kinds of questions work across the different contexts in which SFRTeams are used? So far it seems to me that there is good reason to be cautious about the use of closed questions, especially those that enquire into something that has not been thought about or done - because of the likelihood of narrowing possibilities rather than opening them up. It also seems to be a good idea to be cautious about the use of future-focused questions when the case-presenter has a client, or is interested in influencing someone, because of the risk of disconnecting the enquiry from factual descriptions of what the case-presenter and client are already doing that could be usefully built on, and inadvertently wandering into interesting but ungrounded fantasies.

Perhaps the most constructive answer I can give, is that in general the best questions are asked by team members who stay mindful that part of their task is to offer one well-considered compliment based on the questions & answers in the Clarification phase. Being mindful of a commitment to offer a relevant compliment is part of the process of solution focused questioning!

See also:

Norman, H. 'Solution Focused Reflecting Teams' in O'Connell, W. & Palmer, S. (Eds). 2003. Handbook of Solution-focused Therapy. Sage Publications.

Norman, H & Visser, C. 2004. Solution-Focused Reflecting Management Team, available from www.solutionsology.co.uk

Norman, H., Pidsley, T. & Hjerth, M. 'Solution Focused Reflecting Teams in Action' in McKergow, M & Clarke J. (Eds) 2005. Positive Approaches to Change - Applications of Solutions Focus and Appreciative Inquiry at Work. Solutions Books.



Watch out! Here come the SOLUTION GNUS

They're here! The happy helks, the wildebeests of wisdom, the okapi-esque oracles, kudu-like answer kings, white-bearded brainiacs of solution focused practice! The solution gnus have arrived to give an answer to YOUR burning questions on any solution focused topic! Simply send in your question, and the gnu (or possibly a randomly selected member of our team) will provide some semblance of A (but very definitely not THE) brief answer, or at least some reflection on the question posed. Send your questions to gnus@solution-news.co.uk

Here are what the gnus have been challenged with this issue:

Dear Gnus, how do you take a solution focused approach to adult education?

Carole Waskett gnu. She said:

Currently I teach health service personnel, so it's quite a specialised group. But I think that whoever you teach, solution focused thinking is a gift to adult education. Just as in therapy, the basic beliefs give you your approach, i.e.: this group of students is doing and will do its very best; they want to get something out of this session; if I ask the right questions I'll get the right answers, and so on.

So I have this idea in my head that I'm looking for buried treasure. I plan for their current and potential expertise. I want them to shine, so I prepare questions and exercises with that end in view. I ask them the familiar questions, like, if this session turned out to be helpful to you in your practice, how would you know? What would you be doing differently afterwards? In practical terms, I've learned to be very cautious of that gorgeous siren PowerPoint. Personally I like to use it very selectively, but mostly invite people to experiment with ideas, do things, and talk to me and each other.

I find teaching or training is at least as much fun as doing one-to-one work, and I'm constantly discovering new ways of being an SF teacher. When all else fails I remember that magic phrase 'respectful curiosity', and sit back and wait to be surprised.



Dear Gnus, I've found that I sometimes work with clients who can't tell me what their goal is in meeting with me. What can I do when this happens?

Ian C Smith gnu. He said:

Well, Milton Erickson did say that clients come to therapy BECAUSE they don't know where they want to get to, and that if they knew that then they wouldn't come! In his earlier work, Steve de Shazer spends a lot of time talking about successful cases where the goals are never clearly defined, so it seems that detailed goal definition isn't essential to successful use of solution focused techniques.

Personally, when faced with someone who is unclear in their goals, I tend to not push this, but spend more time talking about more general preferred futures for the person (or maybe even use a miracle question) to identify what things the person wants to be different, and then if needs be work backwards towards the problem.

Dear Gnus, can you use a solution focused approach through an interpreter?

Steve Freeman gnu. He said:

What a great question! The short answer is "Yes".

As we know solution focused approaches are based on the co-construction of a preferred future through language. This may be a common language but does not have to be.

Viewing the interpreter as a valuable resource is the first step. Seeing the interpreter as an active member of the dialogue rather than a passive conduit is the second. This can be true of other situations in which there are two people in the room (joint assessment, chaperone, relative or carer).

We often have to rely on others to help with non-language translation. We may find ourselves working with "interpreters" who can sign for the deaf, translate behavioural response and explain cultural norms and values.

Sarah Wilshaw, a mental health worker with asylum seekers in Stoke-on-Trent has been using solution focused approaches through an interpreter with great success. The key is to involve the interpreter in maintaining contact with the client. A good working relationship and high level of trust needs to exist with the interpreter for obvious reasons. Seeing the emotions expressed on the interpreters face as they listen to the miracle question can be almost as satisfying as those from the client.

MORE FROM THE GNUS NEXT ISSUE...

MEMBER NEWS

This section is for members to let people know about what they've been up to or is happening for them, and for requests for help. If you have an announcement, please post it to: news@solution-news.co.uk.

Announcements this issue:

Member Kidge Burns has recently published a new book entitled 'Focus On Solutions: A Health Professional's Guide' published by Whurr. It is available from high street booksellers and from Amazon here: <http://www.amazon.co.uk/exec/obidos/ASIN/1861564791/qid%3D1109950504/202-7918867-9062239>



Member Joe Windsor says "I'm planning a major research Project exploring the effectiveness of SFBT. I need five therapists each of whom are willing to discuss five of their client cases, and I also aim to hold independent interviews in confidence with consenting clients. The study will be written up as a book including pro and con SFBT debate. Please mail windsor@power-base.co.uk to enquire and especially participate. There is little such formal research to support SFBT in the UK so your support will be vital"



Member Jan Burns says: "I want to make contact with anyone who is involved in solution focused therapy training. My research is looking at what constitutes those 'eureka' moments within the training. My observation is that some students begin the courses I teach with little understanding of SFT and if they have had any other form of training, (whether person centred counselling/social work/mentor training) this often presents as 'resistance' at some point. Something typically happens, that prompts a shift to understanding and appreciation. I wonder if others can identify with this? Please contact me at janet.turner@ntlworld.com "



Friend of the UKASFP Helen Lloyd (previously Saxby) who is a Clinical Psychologist in learning disabilities in Plymouth has completed a piece of research on SFBT. This included an in-depth analysis of the processes that occur in SFBT sessions with families caring for a child with learning disabilities, from the therapists perspective and examining the mothers' views and experiences of initial SFBT sessions focusing

on their child with learning disabilities. Helen will be co-presenting a workshop around research at this year's UKASFP conference. She can be contacted at Helen.Lloyd@pcs-tr.swest.nhs.uk



Brief Therapy North-East (BTNE) are hosting a two day workshop presented by Harry Korman on the 5th & 6th September 2005 in Newcastle-upon-Tyne. Entitled 'Solution Focused Brief Therapy and Mental Health', the workshop will feature Harry (a highly experience Psychiatrist from Sweden and owner of the SFT-L list) describing how he uses SFT to bring about change for the adults and young people he works with. The fee for the workshop will be around £90-£110. Email John Wheeler at John@Jwheeler.freemove.co.uk if you would like a flyer and application form.



NEXT ISSUE:

Research, practice, more questions and answers...