

## CANADIAN SFBT NEWSLETTER

### Welcome to the Spring Edition

Welcome to our spring edition of The Canadian SFBT newsletter, and a special thank you to our many supportive readers. We are so excited to have as this edition's interview two notable SFBT Canadians: Barry McClatchey and Jill Ceccolini, the co-hosts of the Solution-Focused Brief Therapy conference this November (2 – 5<sup>th</sup>, 2016) in Halifax! Their interview demonstrates their professionalism and all the tenets and assumptions of SFBT. We loved every answer they gave and found them to be approachable, humble and inspiring – the true SFBT stance. You will enjoy reading it. We also want to shamelessly plug this Conference and invite you to attend. The SFBT conference is the friendliest conference, filled with gold nuggets for the taking. It is a conference that will make a difference in your work! Please join us in Halifax this November!!

We would like to dedicate this newsletter to Henry DeBolster, my co-editor Geri VanEngen's father, and our biggest fan and reader. Dr. DeBolster passed away in April at the age of 89. He was a man of multitude accomplishments – a

minister, a scholar, a visionary and the founding father of Redeemer University. Yup – pretty wow! And if that is not enough a resilient survivor of World War 2 in Rotterdam, Netherlands. Dr. DeBolster lost his older brother in the war, a resistance fighter who was killed by the Germans and left at the family's doorstep, where they ordered that the body not be moved for two days to serve as a warning to others. Henry turned to faith to get through these traumatic times and dedicated his life to peace, caring and nurturing hundreds.

Dr. DeBolster has been a huge inspiration not only to his daughter Geri but to me as well, and I treasure the many DeBolster quotes we got from him: “Go ahead and ask, you already have a no!” “Better to beg for forgiveness than to ask for permission” (I love this one but I have had some mixed results...); “You mustn't stop, you must keep on going. Henry DeBolster's dedication to his life's work and his ability to implement and make important changes will continue to act as a guiding light to us.

If it was possible, my ideal setting for practicing SFBT would be where every session involved a consulting team and was recorded. It's too easy to work behind closed doors and then build one's own narrative about what happened behind those doors. ~ Barry

## INTERVIEW WITH JILL AND BARRY

**Jill and Barry we are so delighted to interview you! This is such a big and busy year for you both as hosts of the Solution-Focused Brief Therapy conference this November in Halifax. Wow! First we'd really like to get to know the two of you better and then we would like to talk about the conference.**

**What's the magic in SFBT for you?**

**JILL:**

For me, the magic in SFBT begins when people hear the sound of their own voice. It gets better when they begin to listen to what they are telling themselves.

**BARRY:**

As Jill said, the magic is in how people often hear the sound of their own voices during solution focused conversations and how this often leads to profound change. I really like that my important role in this is to ask useful questions that make this more likely to happen. So, I really value this idea of collaboration and co-creation, rather than the "expert" stance inherent in almost every other approach.

**What was your evolution to Solution-Focused Brief Therapy? What and who have been profound influences?**

**JILL:**

My first exposure to SFBT was when I attended a 2-day workshop with Insoo Kim Berg in Halifax, Nova Scotia in 1994. I was working in a pediatric

hospital with the families of children who had been diagnosed with cancer. I had been trying to figure out how I could be helpful to the families and the health care team. SFBT made such sense to me because it fit with my impression that the families I met knew what they wanted and needed. I knew that I wanted to have conversations that respected what they knew, how they coped, and how they held onto hope. SFBT gave me a way to have these intentional conversations with both the families and the health care team.

I have been greatly influenced by the clients who I have had the privilege of working with over the 22 years of my practice. They have inspired me to want to train others in SFBT. Some of my most rewarding work has been watching others get excited about SFBT and listening to the stories of their success with their clients.

**BARRY:**

I have no difficulty admitting that my early years in a counselling role involved "flying by the seat of my pants." Then I went to a Scott Miller workshop (I think he was still connected to the Brief Family Therapy Centre in Milwaukee then) in 1991 on solution focused work with couples. It was a profound moment as I listened to the assumptions and beliefs of the approach. I knew then that Solution Focused Brief Therapy fit for me. This led me to do more reading about the approach.

After moving to Halifax and connecting with Jill and our other conference co-chair, Richard

Hamilton, we engaged in some training with Joel Simon and Dan Gallagher. This was extremely useful as it reinforced the simplicity of the approach, as well as the idea that our expertise lies solely in asking useful questions. To this day, I see Joel Simon, in particular, as someone who is able to articulate the elegant simplicity of the solution focused approach.

Most of all, however, I think my collaboration with Jill in the Halifax Brief Therapy Centre has been the biggest and most profound influence on my evolution as a practitioner. There are a number of reasons for this, but the main ones are as follows: (1) We've recorded or observed each other in hundreds of sessions during

our work together - working in this way invited me to be much more aware and deliberate in the questions I asked clients. It also helped me to learn from Jill, in terms of the questions she would ask (and when) (2) Teaching and training others has also improved my practice. The preparation and delivery helps, but so does responding to the questions and comments of trainees.

**We are so curious about your clinic, can you tell us about the history of your clinic (when did you start it?) and who you service in Halifax? (Please shamelessly plug your clinic!!)**

**BARRY:**

In 2003, we decided that we wanted to introduce the approach to more people in our area. We also

wanted to do this under real-life circumstances. So, the Halifax Brief Therapy Centre began as a free counselling clinic for the community and a training ground for clinicians who wanted to develop their skills in solution focused brief therapy. Over the next three years, we provided over three hundred free counselling sessions and trained more than forty externs. Each session

involved a consulting team and was recorded - similar to what Insoo Kim Berg, Steve deShazer and their team did in Milwaukee. We used the recordings for supervision purposes. In the days following each session, the client also received a letter from the consulting team outlining the feedback given in the session.

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~ Jill

It was a fantastic experience for us, but unfortunately, we ran out of gas. We were running the clinic on top of holding down full-time jobs and our hope that some of our externs would stay on as volunteers wasn't realized. Ultimately, we had to close down the clinic portion, but we continued the Halifax Brief Therapy Centre as a training and consulting partnership. Since then, we've provided training in solution focused practice for organizations throughout Nova Scotia and New Brunswick. We also regularly provide a two-day workshop (in-person and online) through Dalhousie University's School of Social Work (Continuing Education).

We've slowed down a bit lately, but we're excited about some volunteer work we're about to do with Dalhousie's School of Social Work. Recently, they started a community clinic which

provides free advocacy services. It's a place where graduate students can also complete their practicums. Now, they're starting a counselling component and we'll be doing some solution focused training and supervision with their staff. We're hoping that it will become a place where new graduates develop skills in solution focused practice.

**Steve DeShazer** wanted Solution-Focused Therapy to be a paradigm shift and an approach that is adaptable and focuses on doing what WORKS. How have you adapted it to fit yourselves and your clients?

**JILL:**

One of the adaptations to my work with clients has been incorporating the Outcome Rating Scale and a variation of the Session Rating Scale into my sessions. While it may seem like a departure from the "traditional" components of SFBT, the attention to both clients' desired outcomes and therapeutic alliance has helped to keep me focused on what is working. As well, it pushes me to have conversations with clients about doing something different when clients are not getting the outcomes that they hoped to attain.

**BARRY:**

I've always been very focused on outcomes - Is what we're doing working? Is it helpful? Is there something that I need to do differently with a specific client in order to be more helpful? In recent years, I completed training at the International Centre for Clinical Excellence in the use of Feedback Informed Treatment practices (using the Outcome Rating Scale and Session Rating Scale) and have been a certified trainer in

these practices for the last few years. These practices haven't in any way diminished my commitment to solution focused practice - rather they simply reinforce the notion that the client is the best expert on what's helpful.

**It seems to us that in the last few years, with more research available to us and more information on the brain and how change happens, that SFBT has become more popular and that more clinicians are interested in learning it. What are your thoughts? Is it becoming more than just a rumour? What do you think is fueling this surge of interest?**

**JILL:**

Through our work with Halifax Brief Therapy Centre, we have been training clinicians in a wide variety of clinical settings for the past 13 years. We know that the whisper of the rumour has become louder over the years because of the number of requests that we receive to conduct training. Sometimes, the interest is driven by the ideas that SFBT may address lengthy wait lists. Sometimes the interest is in cultivating collaboration between clients and clinicians. Unfortunately, despite the interest, we also know that it is challenging for many clinicians to keep their interest alive in traditional mental health settings and organizations. It is one of our hopes that the upcoming conference will create opportunities for clinicians to reenergize their efforts to practice SFBT.

**BARRY:**

Oh boy, my pessimistic side is going to show here. I think people are interested in learning

how to be effective clinicians and many are favoring strengths-based, collaborative approaches. I think the so-called “positive psychology” movement has likely hastened some of this. Unfortunately, I believe that there are two challenges to developing more authentic solution focused practitioners. First is the realization that one must really pay attention to one’s ability in developing useful therapeutic alliances with a wide range of people, regardless of the therapeutic approach used. Secondly, realizing that solution focused practice (as Insoo Kim Berg said) is simple, but not easy. It takes a lot of work to be very intentional in the questions we ask and in knowing when to ask them. Sadly, I think too many people are only interested in learning SF “techniques” and then mixing them in with approaches that aren’t consistent with SF assumptions and beliefs about people, problems and change.

**We are so excited about the SFBT Conference in November (3<sup>rd</sup> to 6<sup>th</sup>, 2016). We are going to register this week – can you tell us how you came to host it and your best hopes for this conference?**

**JILL:**

Our best hope for the conference is to strengthen the SFBT community in the Halifax, and even in the Atlantic region of Canada. We have seen clinicians become excited about SFBT during workshops and ask about ways to keep their enthusiasm ignited. While we have explored ways to do this, we have been limited by time and resources. We hope the conference will create some momentum to create a more visible SFTB network here.

**BARRY:**

We’ve always really enjoyed our past experiences at SFBTA conferences. It’s great to be around people who speak the same language. I’ve always come away from the experience with some new energy for my work. So, I’m hoping this will be an opportunity for practitioners in Atlantic Canada to have that same experience. This, I think, was our biggest reason for submitting a proposal to host the conference. In many ways, we’ve been the voice of solution focused practice in this area, so we’d also like people here to engage with people from other parts of Canada, the US and beyond, who work in this way. Also, Nova Scotia is a beautiful place and Halifax has a nice vibe to it - we want to share that with others in the solution focused community as well.

My other best hope is that the conference doesn’t lose money for SFBTA! It’s a non-profit organization, so we want to make sure that it’s at least a break-even affair.

**If a miracle happened and you woke up the next morning and said “Wow!! This was an amazing conference!!” What would it look like?**

**JILL:**

I imagine a conference of 150 -200 people from a wide variety of organizations who work with diverse populations talking about the ways they have found to practice SFBT in their workplaces.

I hope to see the pre-conference workshops filled with 20-25 participants in each workshop – enough people to create a buzz and small enough to encourage meaningful conversations about SFBT. I hope the Research Day plants a seed of



ideas for partnership between our academic community and the clinical community in Halifax.

I hope that we have a banquet that honours the achievements of those receiving awards filled with participants who will feast upon the wonderful local food produced in Nova Scotia. We also envision some great down home Nova Scotia fiddle music to fill the banquet room and encourage folks to tap their feet in celebration of sharing common ideas.

**BARRY:**

For me, there would be more practitioners in Atlantic Canada embracing SFBT and becoming more involved in promoting it their workplaces. If we saw more people from here attending SFBTA conferences in the future, that would be a definite sign!

**We value our deep friendships with our American SFBT buddies, is it time for Canadians to forge a deeper SFBT community up here in the North? What would that look like?**

**JILL:**

Great question! I think it would be wonderful to have a way to be aware of where in Canada the SFBT community is and to create a way for us to share information about practice, training and research.

**BARRY:**

I think it is time, but I'm not entirely sure what it would look like. SFBTA has an existing structure and very strong ties to the originators of the approach. So, it would be a shame to disconnect from that. However, it does need to be more inclusive and be open to fresh perspectives. There

are some terrific Canadian solution focused practitioners, trainers, researchers and writers out there, so I have no doubt that a strong Canadian SFBT community could be cultivated.

**Do we need to be working on widening our profile in Canada? Any suggestions on how we can do this?**

**JILL:**

We are such a large country and so spread out. I wonder how we might begin to use technology to reach out to each other?

**BARRY:**

Yes, indeed, we do need to widen our SF profile in Canada. In fact, I think you've already taken the first steps toward making this happen by asking the previous question and this one! Perhaps the next step would be to continue the conversation in Halifax next November. It would be terrific if we could find the time to meet as Canadians (over some good local libations) and consider a Miracle Question about this together. I do think that whatever efforts are made, it will involve making good use of an online presence (website, social media, etc.) Whether we like it or not, that's how profiles grow these days!

**What SFBT technique or question really works well for you, that you want to keep using?**

**JILL:**

Oh, there are so many! I think the attention to what's important to the client continues to stand out for me. I rely on the focus on purpose and intention through the use of deconstructing questions used in preferred future questions like

the Miracle Question and/or in Scaling Questions: “How does it help?”; “What difference does that make?”; “What instead?”; “What will that lead to?” and “Who will notice?”

**BARRY:**

I continue to embrace all of the typical SF questions and techniques. With few exceptions, I remain committed to the Miracle Question (I know that some practitioners don’t). I keep using it because it consistently is useful in uncovering people’s preferred futures. I’m also pretty consistent with taking an end-of-session break and developing feedback for the client (again, I know that some people don’t). I find this to be useful, so again, I keep doing it.

**One of our favourite questions to ask is what advice would you give to a developing SFBT therapist?**

**JILL:**

Practice, practice and more practice is required to become good at anything. It takes time and the learning is fun.

**BARRY:**

Embrace transparency in your practice. Whenever possible, make audio or video recordings of your sessions. Even better, work with a consulting team while conducting sessions on a regular basis. Although many clinicians find this nerve-racking, I still think it’s the best way to develop one’s skills, build confidence and, most of all, build intentionality in considering one’s questions.

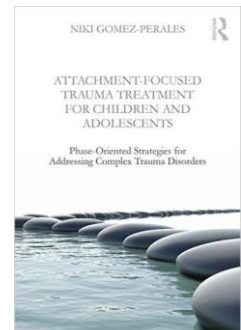
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to work behind closed doors and then build one’s own narrative about what happened behind those doors.

**Book Review:**

**“Attachment-Focused Trauma Treatment for Children and Adolescents”**

by Niki Gomez-Perales



We usually review SFBT books in our newsletter but this time we are doing something different! We are reviewing a gem of a little book by a seasoned social worker and one of our colleagues. Niki Gomez-Perales has taken her over thirty years of practice and the evolution of her dedication to learning her craft from Ericksonian hypnosis (there is one connection with us), EMDR, brain research and attachment theory to name but a few and written a phase oriented book that simplifies a challenging topic. This book is specific to children and adolescents and anyone who works with these populations will benefit from this concise book full of techniques and ideas.

Gomez-Perales combines two important models: phase oriented psychotherapy which provides the therapist with directions and a clinical map; and attachment-informed psychotherapy where recent research supports as a tremendously effective modality for working with trauma.

The first 6 chapters lay the groundwork for the book, providing the reader with the fundamentals of complex trauma and disassociation; neurobiology, attachment and attachment-focused therapy; phase-oriented psychotherapy and the

philosophy behind the integration. The next 6 chapters describe the three phases to this work. Phase one includes information on how to structure the first session, the assessment process, strategies and interventions, and techniques to balance the many challenges. The first phase covers a lot of the ground work, by the time a client is ready to work on the trauma and integration (phase 2) their symptoms are under control and the presenting issues are reduced or gone. Gomez-Perales does a masterful job in her discussion of assessing readiness and the specific interventions such as EMDR, that can be use.

Phase three focuses on moving forward, “creating an identity and a future” (p.183). Having dealt with the trauma the client can now start to plan and discover who they are, what they want to be, what they like, want, have, and work on social skills as well. All important tasks in the development of a healthy self.

In the appendix the writer has included many resources and activities that can easily be photocopied and shared with Clients. So helpful!

This book will be a helpful addition to anyone who has the pleasure of working with children and adolescents. As a solution-focused brief therapist one of my favorite sections of the book focuses on ‘lessons learned from Brief Therapy’. The integration of these six lessons such as “every session needs to stand on its own”, into a trauma treatment book speaks to the value of respecting the client, co-constructionism and remaining open to new ideas and integrating them to provide the best care possible. In other words, ‘doing what works!’ Bravo Niki!

## Clinical Pearls:

I am always humbled by the clinical pearls I encounter when another client walks through my office door.

Yesterday was another one of those days. A young woman aged 15 (I’ll call her Julie) came to my office because the hospital had recommended she be seen within 48 hours after a serious suicide attempt. Julie immediately told me she was “wacko and a nut-case” and good luck having her as a client. She told me that the hospital social worker said she was “unstable”.

Even though I typically want to get to know my client outside of the “problem” I was curious as to what Julia thought about the idea of being “unstable”. So I jumped to a scaling question. She told me that on a scale of 1-10, 10 being totally influenced by stability and 1 being totally influenced by instability she was at a minus 10000. Julia did note that on the way to the hospital she felt as though she was at a 2 and when talking about her problems and getting the diagnosis of PTSD, she began feeling like she was a minus 10,000,000. She said it made her feel so hopeless and that there was no point in trying. Actually, she felt very frustrated that the hospital staff said she wasn’t trying to get better.

Thanks to the work of Ron Warner, I asked Julia how she had grown as a result of the trauma? At first she looked at me as though I had 2 heads. “What? Grown from it?” She said she saw so much violence in her home when she was young that the flashbacks are still there almost every day. She then told me how she is such a “wacho and nut case” because she doesn’t trust men and in particular, her father. I then said, “WOW ..... That’s growth.”



Again she responded as though she had no idea what I meant. I then asked her, would she have known not to trust her dad right now if she had not experienced the horrible feelings as a result of seeing her mother being hurt by her father? Would she have known, at this young age that trust is earned if she did not believe that what she heard and saw was wrong? Did she think she learned these things earlier than many of her friends because of this experience? Does she think this says more about wisdom?

And then I saw her eyes light up. A clinical pearl was about to escape the shell of pathology. She said: "Yes, I'm not unstable ..... I'm stable with a horrible past." "And, I am mature." We then began to have this lovely conversation about how she so enjoys her co-op (a kindergarten class). How she does what she can to have them feel safe with her and to have fun as well. I then wondered if the teacher in the class or the students would see her as fun and wise. She totally agreed. I asked her to look for all the gems of wisdom she's learned as a result of the trauma – write them down so we can discuss them at our next session. I look forward to meeting Julia for a few more sessions to learn what difference the knowledge of growing from a trauma makes for her. I thank Ron Warner for the pearl of Post Traumatic Growth and to Julia for giving me her pearl of wisdom and strength.

## Upcoming Events not to be missed:

Please circle your calendar! The Solution-Focused Brief Therapy Association's Annual Conference will be held in Halifax, Nova Scotia, November 3rd to November 6<sup>th</sup>, 2013. For Solution-Focused aficionados this conference is not to be missed and we are fortunate that it is right here in Canada. The camaraderie and quality of the meeting is outstanding!! Please go to [www.sfbta.org](http://www.sfbta.org) for more information.

## Changes! Change happens all the time!

Big news, happy new! We are happy to announce that the Solution-Focused Counselling Certificate at the University of Toronto has changed locations and name! We are now at OISE (Ontario Institute for Studies in Education), University of Toronto. Our new name is The Solution-Focused Brief Therapy Certificate. For more information please go to <http://www.oise.utoronto.ca/cpl/Community/SFBT/index.html> or contact Janice Spencer at [Janice.spencer@utoronto.ca](mailto:Janice.spencer@utoronto.ca)

## PLEASE CONTACT US:

For more information on any of these or any other topics, events

or questions please visit:

[www.CanadianSFBTC.com](http://www.CanadianSFBTC.com)