

CANADIAN SFBT NEWSLETTER

SPRING HAS SPRUNG

Welcome to the Spring/Summer Edition of the Canadian SFBT Newsletter!

What a year 2014 is going to be for the SFT community. We are very excited that the American Association for Marriage and Family Therapy will be hosting their annual meeting in Milwaukee, Wisconsin, October 16–19th, 2014. As you know Milwaukee is the birth place of Solution-Focused Therapy. AAMFT will be holding a SFBT Tribute Day. You can visit the AAMFT website at www.aamft.org to get a sneak preview of the exceptional SF workshops and Keynote Speakers.

Dr. Frank Thomas is one of the Plenary Speakers on the Tribute Day for the conference. We are looking forward to hearing him speak on “Shifts Happen: Reflections on the Legacy of Insoo Kim Berg and Steve de Shazer.” Dr. Thomas, Ph.D., LMFT-S, is a Professor of Counselling and Counselling Education in the college of Education at Texas Christian University in Fort Worth. He is also the Archivist for the SFBTA. We reviewed his book

“Tentativeness: I work from a slow-to-know position. Not-knowing has informed SF for decades, but the concept has been so maligned that I invented my own term. Slow-to-know is simply staying tentative, avoiding dead-end conclusions whenever possible, and choosing uncertainty over certainty.”

- Frank Thomas

“Solution-Focused Supervision: A Resource Oriented Approach to Developing Clinical Expertise” in our Fall Newsletter. Michael Durrant called the book: “The most significant solution-focused book of the past ten years.” Wow! We are deeply honoured to have him as our Interviewee in this edition. We know you will find Dr.

Thomas’s interview riveting and thought-provoking. What becomes clear about Frank is his keen intelligence, attention to language, vast knowledge base, and humility.

INTERVIEW WITH DR. FRANK THOMAS

WHAT WAS YOUR FIRST EXPOSURE TO SFBT?

In October of 1985 while presenting at AAMFT in New York City, I ran into a socially awkward guy at a party. I didn't know who he was, but he approached me and handed me his card...without saying a word. He just handed me a business card. As he walked away, I tossed it at his back, thinking, "What a weird guy! Why would I want his card?" Later that evening I was having dinner with Bradford Keeney, with whom I was presenting at AAMFT. When I described this odd man and our encounter, Brad said, "That has to be Steve de Shazer! John Weakland and I wrote forewords to his first book, and his second one is about to come out...you need to read them." Well, if Brad said I should read something, I did! Although Steve's first book ("Patterns of Brief Family Therapy," 1982) doesn't even mention solutions or a solution-focused approach, his no-nonsense writing style caught my attention. By the time I got to "Keys to Solution in Brief Therapy" late in 1985, I knew I'd discovered an innovator. I met Insoo and Steve in 1989 at AAMFT/San Francisco, but I had already been practicing SFBT for several years by then. By that time I

had brought Michele Weiner-Davis (one of the original BFTC team members) to Texas and had attended workshops by John Walter and Michael Durrant, so I had a pretty good grasp of how SF was practiced and where it was headed.

WHAT DID YOU THINK OF SFBT AT THE BEGINNING?

I was skeptical at first, but open. Steve himself was making a shift from systemic metaphors and an MRI brief therapy orientation toward solutions, so my exposure to SFBT was transitioning as I was learning. There weren't many books or articles in print, but I read them all...several times. I also managed to snag all issues of the Underground Railroad (edited by de Shazer and Keeney), so was able to witness the progression from brief-systemic to solution-focused from 1980 to 1986 from those publications. Brad wrote in his 1982 foreword to "Patterns" that "Steve de Shazer is an epistemologist," and I agree -- this is what drew me in. I'm speaking on Steve's epistemological transitions at AAMFT this fall at the AAMFT conference in Milwaukee because I'm still intrigued by how Steve was able to shift his views with time.

Honoring the BFTC and systemic family therapy tradition, I gathered a group of like-minded mental health professionals from the Dallas-Fort Worth area and began



meeting for weekly SF team therapy and discussion. We would see two or three cases, using a one-way mirror and then spend countless hours discussing the cases before heading out late in the evening. Our goal was to learn SFBT, period. We all had systemic and brief therapy (MRI) backgrounds. One member, Tom Chancellor, headed up to BFTC in Milwaukee to get some training, so he became our SF touchstone. We read everything we could get our hands on and we used an inductive method in our learning very similar to BFTC. One key team member, Tom Lee, is still one of the finest SF practitioners I've ever had the privilege of observing...we learned well!

WHAT 'HOOKED' YOU IN?

What hooked me in was the response I received whenever I taught or trained folks in SFBT therapy and supervision. People came alive! My video from the early 1990s entitled "Solution Focused Supervision" was part of the "Brief Therapy" Video Package produced by AAMFT. Others in the video series included Steve, Insoo, Michele Weiner-Davis, Eve Lipchik, Matt Selekman, and Bill O'Hanlon -- I was in heady company! So you can see I jumped in with both feet, taking the SF orientation into supervision and education right at the beginning of the SF approach. My SF supervision workshop at AAMFT and the publication of Joe Wetchler's article on SF supervision happened in the same year (1990), so we were blazing new trails. When the focus shifted from intervention to solution-building and strengths, mental health professionals quickly jumped on the bandwagon. Some were caught up in the

managed care push of the 1990s toward "brief" (e.g., funding a limited number of sessions), but many stayed with the approach because their work thrived. In addition, I've had the privilege to learn with many students and colleagues, and they have made significant contributions to clinical practice, training, and research tied to SFBT. Their enthusiasm has kept me hooked in to SFBT through decades of practice and research.

WHAT DO YOU SEE AS THE ESSENCE OF SF WORK?

This is a tough question for me...as a social constructionist, I don't really think in terms of "essences." Maybe I could address a slightly different question:

WHAT CONTRIBUTES TO MAKING SF "SF?"

STANCE: Most of what I consider SF is what I call one's stance. In aikido (my martial art), one's stance directly affects one's ability to move and respond – and this fits for me when I think of psychotherapy practice. In SF, one's philosophical stance is mostly about assumptions one brings to the context.

Here are a few of mine:

Pragmatism: What works for the client is what works, and what works should inform what I do next.

Tentativeness: I work from a slow-to-know position. Not-knowing has informed SF for decades, but the concept has been so maligned that I invented my own term. Slow-to-know is simply staying tentative,

avoiding dead-end conclusions whenever possible, and choosing uncertainty over certainty. I do know things that may be helpful to people, but I assume what the client knows about herself and her life is most important.

Nonpathology: Pejorative labels limit both client and therapist. I hear untrained people throwing around diagnoses (for themselves or others) like they are shooting paintballs at a canvas - little results in art and most obscures, making a mess of a perfectly fine canvas. Diagnosis does not guide my approach, and I avoid assigning negative understandings to people's experiences and behaviors whenever possible.

Curiosity: This goes along with tentativeness. Curiosity is perhaps my greatest strength in therapy - I simply want to hear more until the client and I both feel we have enough for the moment.

Respect: Without respect for the client's views and choices, I'm not SF. I don't decide for people - we decide together. What they want guides what we do, and I privilege their experience of the process whenever possible.

PRACTICES: The other aspects that I believe contribute to SF being SF have to do with practices. These include promoting a future focus, scaling experiences, connecting client to context (relationship questions, anchoring for scales, reasonableness of goals, etc.), emphasizing meaningful exceptions (to the problem) and incidents (when parts of the miracle/best hopes are experienced), and

inviting client participation (end-of-session feedback, ongoing evaluation that is collaborative, etc.).

HOW HAVE YOU SEEN IT CHANGE OVER TIME? WHERE DO YOU THINK IT IS GOING?

Wow...how hasn't it changed? My study of SF began in the mid-1980s when SF was morphing from a branch of MRI and systems thinking to something quite unique. It mutated toward forced-choice, computer-guided practices, went through a guru phase where every stance or practice had to include some sort of endorsement from a founder of SF, and finally launched into multicontextual applications including business, coaching, education, and more.

I'm not sure SF is evolving...I do think it is constantly changing shape, but to me evolving often implies progress or growth. I'd rather think of it as transforming through time.

A few transforming areas:

RESEARCH: The practice of SF is as diverse as the practitioners and their contexts. Research affects our understanding and applications of the approach...and it should. From experimental and quasi-experimental approaches to Janet Bavelas' microanalysis to Ron Chenail's recursive frame analysis, how we grasp and practice SF is affected if we examine it with a particular research lens. Ken Gergen has been floating a manuscript around that I love. He proposes we move from mirroring (trying to reflect what is) to world-making in our research.

Action research has long been committed to the premise that there is no objective place to stand when conducting research; therefore, ethics should guide our design and outcome should include changes in ourselves and others. SF is world-making – we search, we re-search, we in-form. The best of SF is tied to such practices.

CONFERENCES: I think a great deal of ongoing change in SF is tied to conferences we attend. People new to SF are sometimes confused by the informality of SF conferences – they sign up believing they will be passive recipients of knowledge and end up talking, interacting, and playing across the workshops. Many SF conferences I have attended promote particular practices and ideas based on the selection of presenters and keynote speakers, and those involved in planning conferences should be very aware of the possible influences of such choices.

PROFESSIONAL PUBLICATIONS: More and more research and practice journals are including SF manuscripts, and there are at least three international journals committed to the SF approach. These venues for expression may play a major part in setting the agenda for SF research and discussion, perhaps more than individual training institutes or universities focusing on SF.

“POP” PUBLICATIONS: I think it’s inevitable that pop publications will have significant effects on people’s SF thinking and practice. While primary source material (theoretical

writings and research) used to be the principal source informing our field, simplified texts that often reduce SF to techniques and catch phrases are continually quoted to support stances, philosophies, and policies. I hope you don’t think I’m denigrating the people who write pop books – they have their place – but I wish primary source materials would play a larger role in how SF is transforming.

SF +: I do think SF has more in common with other postmodern or poststructural approaches than we care to admit. Many people integrate SF with other ideas and practices (see Jeff Chang et al.’s articles in the 2013–2014 issues of *The Journal of Systemic Therapies*), and I see us moving away from ideas of purity toward more and more of “what works.”

FINALLY, WHAT ADVICE WOULD YOU GIVE TO DEVELOPING SF THERAPISTS?

Avoid gurus. As my colleague Andy Fort (a professor of comparative religions) once said, “I’d rather be a guide by the side than a sage on the stage.” Seek out supervisors who work beside you. Run from the slick and those who require unquestioned loyalty; hitch yourself to humble people of substance. Getting good at SF will take work, work, and more work, and doing something badly over and over again does not lead to expertise. So surround yourself with colleagues who (a) know SF well, (b) practice SF deliberately, and (c) will be honest in their views of your work.

Thanks for the opportunity to exchange ideas with you wonderful Canadian colleagues – I am a better person because of you!

Calendar:

Upcoming Events not to be missed:

THE SFBT 2 DAY INTENSIVE: for Seasoned Therapists and Ambitious Beginners, October 3rd–4th, 2014. Facilitated by Geri VanEngen, Dina Bednar and John Beaton, Guelph University. For more information or to register please contact Dina at dinabednar@hotmail.com

Please send us your SFBT events so we may announce them to:

Canadiansfbtnews@outlook.com

Book Review:

“The Solution-Focused Helper: Ethics and Practice in Health and Social Care”
by Trish Walsh

This superb book is not for beginners! More experienced SFT therapists will find it an excellent, informative read and a valuable resource.

Trish Walsh is a researcher and educator in the School of Social Work and Social Policy at Trinity College in Dublin, Ireland. Her book *The Solution-Focused Helper* begins by reviewing the origins and history of SFT, paying particular attention to the multiple perspectives that contributed to

the approach which Walsh calls an “innovation”. Walsh also traces the development of the approach and the ethical considerations and empirical research. Part one of the book examines the relationship between SFT, the time in which it developed, and the context within which it does well. Walsh offers an exceptionally detailed and well-written description of the origins of SFT, the influences that shaped it, the essence of the “model”, and the research supporting it.

In Part 2 (scanning five chapters) Walsh examines the use and limitations of SFT in different practice contexts: across cultures in a globalized world; across the lifespan in learning disability services; in primary, acute, and specialist health care services; with older people and end-of-life care; in community development; and with groups. She also describes the SF Helper as an active change-agent with the ability to offer hope, who is clear about his/her professional role, and who remains mindful of the ethical dimensions of practice.

This is a most thorough and well-researched book on SFT. I particularly appreciated how Walsh weaved the available research throughout the work, letting the reader know what was effective and what was not, and her careful deconstruction and description of the ‘ethical solution-focused helper’ as someone who embodies Hope; Ethics, Evidence and Parallel Knowledge Bases; and Context, Role and Mandate.

Clinical Pearls:

Submitted by: Kevin Hoogstad

I have two Clinical Pearls!

One is a sound piece of wisdom from a client, the other is a story that I have been using often with clients (and I suspect you might too).

First, I had a client that had a spouse suffer some serious physical illnesses that rendered the client's partner completely without any ability to communicate. Needless to say, my client, being married to his wife for over 20 years, was devastated. It was difficult for him to see any hope on the horizon. But several times he mentioned to me that his wife's wise nurses assured him that "in the hospital setting, bad things often happen fast, but good things happen slowly" Well sure enough, after many months of rehabilitation his wife was again able to communicate with him in small, simple ways – a squeeze of the hand, or an eye blink. I have often found myself using this example with clients that find progress slow and tedious. I remind them that "good things happen slowly" and as long as there is some positive growth, they are moving in the right direction.

My second Clinical Pearl involves a story that I found a year or two ago online. Since then, I have found the website www.feedtherightwolf.org – a website designed to help stop porn addiction. I often use the story for many applications, not only to end an addiction. I suppose you could consider this the CBT part of myself leaking out. :) The story has several varieties, but I often use this one:

One evening, an elderly Cherokee grandfather told his grandson about a battle that goes on inside of all people.

He said, "My son, the battle is between two 'wolves' inside us all. One is evil: it is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

"The other is good: it is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith."

The grandson thought about it for a minute and then asked his grandfather, "Which wolf wins?"

The old Cherokee simply replied, "The one that you feed."

We truly hope you enjoyed our Spring/Summer edition. We look forward to receiving your questions, comments, or suggestions at canadiansfbtnews@outlook.com

Have a wonderful summer and watch for the new edition of the Canadian SFBT Newsletter coming out in early fall.

