

CANADIAN SFBT NEWSLETTER

WELCOME TO OUR SUMMER 2015 EDITION

Suppose a miracle happened and you were living your life exactly how you wanted tomorrow, what would you be doing? What would it look like? Who would be the first to notice and what would they see? What would be one small step that would take you towards this miracle? As SF therapists we have the privilege to ask these questions and hear the answers that inspire us, humble us and sometimes make us laugh. Perhaps that is why "self-care" is such a foreign concept to us. Our work because of its SFT nature does not stress or burn us out, instead it energizes us. Mark, Geri and I have had the opportunity to live our professional lives as if a miracle had happened. This Spring we supervised the first Practicum for the SFT certificate at the Factor-Inwentash School of Social Work, cont-ed, University of Toronto. This 12 hour Practicum offered qualified Participants an intensive opportunity to have live supervision of their work and be part of the classic Solution-Focused "team behind the mirror". It was a resounding success and it reminded us, as AAMFT approved supervisors, the necessity of "doing". SFBT developed from practice, from actually

doing, and from the team behind the mirror studying what worked, one can attend all the workshops and read all the literature but at the end of the day this is a post-modern approach that requires the co-construction that only happens when we are in situ, we cannot ever understand it unless we are with the true experts - our clients. We look forward to the next step of our miracle collaboration together - the SFT Intensive in October and the Single Session Therapy workshop in January 2016.

In this newsletter Mark Fernandes had the pleasure and the fun of interviewing Joel Simon. Joel won the Steve de Shazer Memorial award for his contributions to SFBT at the last SFBTA conference in Santa Fe, NM (2014). Joel is a solution-focused therapist, trainer, supervisor and organizational consultant with over 30 years of post-graduate experience. He is an original co-developer of the solution-focused approach and a founder of the Solution Focused Brief Therapy Association!!!!!!! (Pretty WOW!) And has published many articles and books on SFBT such as *Solution Focused Practice in End-of-Life and Grief Counseling; I'm more than my label; Solution-Focused Brief Therapy with*

Adolescents; to name a few. The Journal of Systemic Therapies just published an article that Joel co-authored with Lance Taylor, *Opportunities: Organizing the Solution-Focused Interview*, that is excellent and we highly recommend, it is on our MUST READ articles for SFBT therapists. We used the exercise they provide at our Practicum, and we will continue to use it with the students we supervise. We have had the pleasure to meet and get to know Joel from the SFBTA Conferences - he is a charming, eloquent, fit (jogger), gentleman who has an SFT approach to everything he does. Enjoy this down to earth

interview from someone who has been there from the get-go.

Geri reviews Heather Fiske's book *Hope in Action*. This book is truly a SFBT Classic and provides invaluable resources for working with suicidal ideation. Heather Fiske's scale for Reasons to Live will change your approach to working with clients at risk!! Please enjoy this edition and if you have a Clinical Pearl, an article or a book review please send it to us at: www.CanadianSFBTC.com

INTERVIEW WITH JOEL SIMON

A Master SF Therapist

- 1. We know that you spent time with Steve and Insoo. Tell us how you arrived at those experiences and your first exposures to SFBT.**

At the time (this was 1994), I was working as a director of a CMHC where we were practicing SFBT. I had done the original training with Hans Skott-Meyer in SFBT in 1992 and had hooked up with Dan Gallagher whom we hired as our SF consultant. He, in turn, had gotten in touch with BFTC and told them about what we were doing. Insoo directed their then administrator, Ray Gurney, to visit us. Ray was impressed with the fact that here in the

Northeast, there was actually a clinic practicing SF. There was even talk at the time of our clinic becoming a satellite program for BFTC. Once Ray had returned to Milwaukee, he had phoned me to discuss various things. In the course of the conversation, he said that I ought to consider coming out to BFTC for training. At that time, I had 2 young children, and was the sole earner so traveling to Milwaukee and paying for the training was a bit out of my reach. Ray said that there have been situations when BFTC has offered scholarships to organizations with which they have a special relationship. I asked him whether that was an invitation; he answered in the affirmative. I

packed up the family in our Honda Wagon Van and drove to Milwaukee in July of 1994 for the first of my 3 visits to BFTC. I should add, Ray and Dan had arranged a 2-day conference in Poughkeepsie, NY. I along with my colleague, Janet Campbell, were asked to help out. That was my first contact with both Insoo and Yvonne Dolan.

2. What was the alluring factor for you toward SFBT?

First of all, it was its simplicity. I was already in the middle of advanced Ericksonian training and this seemed to be just another push in that direction. Finally, I was raised with a mother who followed the Nike motto, “Just Do It” long before Nike trademarked it. I never had the patience for passive therapy models. I liked the fact that the SF therapist is active, there is the assumption of the inevitability of change, that effective therapy can also be brief, and that the responsibility for change lies with the client. The other factor was the inherent optimism and assumption of possibilities. Once I started practicing (which was during that first 1992 training), I found it refreshing and exciting to hear clients talk about their hopes and see them transform in front of me. In my old psychodynamic days, I practically fell asleep listening to the repeated problem narratives.

ONCE I STARTED PRACTICING [SFBT], I FOUND IT REFRESHING AND EXCITING TO HEAR CLIENTS TALK ABOUT THEIR HOPES AND SEE THEM TRANSFORM IN FRONT OF ME.

As I practiced SF, I found myself focused, expectant, and curious.

3. You recently published a great article with Lance Taylor on the use of microanalysis in SFBT. For the benefit of our readers who have not yet seen it, how did you and Lance come to the inception of the ideas for this article and what do you see the major utility of microanalysis in SFBT being?

First, thank you for the compliment. Both Lance and I did microanalysis training with Janet Bavelas and her crew. We had discussed doing a microanalysis study together. Lance had been interested in something he termed “key words”: the idea that clients present us with major themes. As we began to explore this idea, we came to realize almost everything that clients say represent key words. We had this discussion with Janet who came up with the idea of looking at opportunities. The study evolved from that. In terms of microanalysis and SFBT, one of the major tenets of SF is learning what works from clients. Microanalysis provides the methodology for doing just that.

4. If you were to summarize SFBT and define its core, what might you say?

If it ain't broke, don't fix it; if it works, do more of it; if it doesn't work, do something that will.

5. You facilitated a very generative and lively conversation at the SFBTA conference in Santa Fé last year. In that conversation there was some lively discussion on the need to be “purist” in the practice of SFT. What’s your understanding of being a purist in the practice of this therapy?

Again, thank you! As I stated before, one of the major factors that attracted me to SFBT is its simplicity. Its power lies in staying simple. When we begin to practice psychodynamic, mindful, CBT, Gestalt, Buddhist, Solution focus therapy, we dilute that which makes the model most effective. My colleague and mentor, Dan Gallagher, states that he’s not a purist, he’s a “simplist”. I like that; as much as possible, I practice simple solution focus brief therapy. This simplicity allows the model to be flexible, adaptable, and therefore effective. It’s not broken, why fix it?

6. One of the major criticisms of SFBT is that we don’t address the problem. We are also aware that you have done substantial amounts of grief counselling. Given that, how do you integrate the use of SFBT in grief work?

I see SFBT as congruent to a social constructivist philosophy. We create meanings and realities through conversations with others. A focus on problems only makes those

[SFBT’S] SIMPLICITY ALLOWS THE MODEL TO BE FLEXIBLE, ADAPTABLE, AND THEREFORE EFFECTIVE. IT’S NOT BROKEN, WHY FIX IT?

problems more real – as such we co-construct problems through problem talk. If the client and therapist together are creating more of the problem through their dialogues, how do we ever solve the problem? I also think it’s a mistake to think that we don’t address the problem. Steve has stated this: talking about solutions implies the problem. This is one reason why when we ask clients what was helpful, many reply that they had a chance to talk about their problems. I co-authored an article with Thorana Nelson on this topic. I actually reviewed videos of 4 first-session interviews and 4 second + solution focused sessions. The first time counting the number of problem and solution responses and then actually timing how long clients spend in problem talk vs. solution talk. Of an average 41.3 minutes session, less than 8 minutes and 23 responses were scored in problem talk. In second+ sessions, with an average of 18.3 minutes, less than 1.2 minutes were spend in problem talk and only 7 responses were problem focused. In fact, while clients think that they talk about problems, they actually spend little time at it. This seems to add some credence to Steve’s statement – talking about solutions implies problems.

Wittgenstein says that the job of philosophy is helping the fly find its way out of the fly jar. People come to therapists ultimately because

they want to find a way out of their predicament. That's no different for those who are experiencing grief. When I first ask them what their best hopes are, they respond with phrases such as "I want to get through the process," "I want to get on with life," "I want my old self back." These are their goals. Our job as therapists is to co-construct with clients conversations about hope, possibilities, and more useful realities. Clients come to us because they believe themselves to be stuck. Since change is inevitable, stuck-ness is an illusion. When clients leave saying to me that they have hope because they now see Possibilities, I know that we've done the job together. Clients only think that problem talk will be helpful because that's what they've been told. Steve and Insoo use the term "A tap on the shoulder." It's as if we tap the client on the shoulder, and suggest rather than looking here, they might try looking there. It's that tap on the shoulder that serves to deconstruct the false idea that talking about problems can result in something other than more problem talk.

7. Having witnessed SFBT in its early days, and having seen it through its maturation, where do you see the future of SFBT evolving?

I'm not sure what is meant by "maturation." I referred to that other Ericson (Erik) during that workshop which you previously mentioned. Ericson wrote that the task of late adolescence is identity vs. role diffusion. I think that

describes in part where we are as a model. We may be maturing but I doubt we've reached maturity - at least I hope we haven't and won't. The developmental task for the model is about its identity. Does the model become diffused by those that want to integrate other models and theories? I would hope that no matter how SFBT looks 5-10-20 years from now, it continues to evolve because it keeps asking the same question that Steve first asked over 30 years ago: "What do clients and therapists do together that is helpful to clients?"

8. What advice might you have for our budding SFBT readers?

Stay simple, stay curious and always question your assumptions.



Book Review:

Hope in Action: Solution-Focused Conversations about Suicide.

By: Heather Fiske

Several years ago I was fortunate to attend a Suicide Prevention workshop where Heather Fiske was the key note speaker. We all were riveted by her hope, knowledge and practical experience working with the most difficult situation that often brings us worry, fearfulness and doubt as to how we can be helpful: suicide. I carried my copy of her book proudly under my

arm as I patiently stood in line waiting to ask Heather to sign my book and to tell her how I too am a Solution Focused therapist. I was so happy I was the last person in line because after Heather and I had a longer chat we realized we had found a kindred spirit in each other.

When Dina told me it was my turn to do a book review, I jumped at the opportunity to re-read Heather's book Hope in Action and give some of my thoughts about this amazing book. WOW!!!! Heather, you do us proud. First of all, this book is filled with so many opportunities for learning and growth. Secondly, you are so well respected in the Canadian (and International) Suicide Prevention scene. And, thirdly, you are such an esteemed SFBT trainer and therapist. It is such a privilege to know you and to write this review.

While re-reading this book, I felt as though I was sitting at the feet of a master SFBT therapist and teacher. This entire book is a course on SFBT philosophy and therapy— noticing what's working, while using the very serious issue of suicide as the back drop. As Harry Korman says so well in the Forward "she emphasizes the usefulness of a focus on life— what there is to live for—and of assessing the risk of suicide indirectly through the lens of hope and chances of survival".

Part 1 of the book entitled Foundations focuses on SFBT work, utilizing practice principles such as building on what works and asking useful questions.

Part 2 contains the bulk of the book, namely applications for SFBT and suicidality. This section covers topics such as:

- Solutions for depression
- Working with people who have made repeated suicide attempts
- Preventing suicide among children & adolescents
- Collaborating with "natural systems" such as Parent's, Peers , Partners and Families work and "unnatural systems" such as colleagues and communities.

She provides us with a plethora of stories, transcripts and personal reflections. They are all so telling of her expertise and the incredible passion she has for working to find hope in the dark places of people's lives.

At the end of the book she has written appendices on the basics of SFBT work and provided reflective questions for the therapist.

Even though this book is already 7 years old, I highly recommend this book to all therapists. It is an excellent read and re-read.



Clinical Pearls:

By Dina Bednar, MA, RMFT, RP
FIT

This past May I had the pleasure of attending Scott Miller's one day workshop at the University of Guelph on FIT: feedback informed treatment, and the importance of deliberate and intentional practice. Scott Miller wrote the classic *Working with the Problem Drinker* with Insoo Kim Berg, the advertising blurb for that book was my own first exposure to SFBT, and it sent me on a whole new trajectory in my development as a therapist. I am eternally grateful. He has also co-authored and co-edited a slew of critically important works on therapy such as *The Heroic Client; Escape from Babel; and The Heart and Soul of Change*.

I have been an advocate for feedback informed treatment for a long time and I use the outcome rating scale (ORS) and the session rating scale (SRS) in my practice. It was Barry Duncan's book *On Becoming a Better Therapist* that taught me how to use the data effectively (what to do with it!) and how very valuable that data is. I also think that FIT integrates exceptionally well with my solution-focused approach. First there is the assumption that the client is the expert; is what we are doing working for the client or do they want something different? – These open and transparent conversations about what we are actually doing in therapy fit (forgive the pun) perfectly with SFT. Does the client feel respected and heard? Are we talking about what they wanted to talk about? Is my approach

useful to them? Because at the end of the day they are the experts of their lives and the embedded assumptions of the ORS and SRS let our clients know that we think so too! Secondly, FIT and SFT are goal directed – is the client moving towards her/his goal(s)? The ORS opens space for the valuable conversation on progress and do we need to do something different. In fact FIT fits perfectly with “If it ain't broken don't fix it; if it works keep doing it; and if it doesn't work, do something different”! Third, the underlying principle of FIT and SFT is the necessity for collaboration.

The SRS has improved my work many, many times! In the last few months I can think of at least three clients that the SRS assisted me in providing better therapy. One young woman I was working with wanted to reduce anxiety and be more calm and confident, at the end of the third session (which I thought had gone extremely well) she scored “we talked about what I wanted to talk about” at a 6.5, and overall a 7. I immediately apologized and asked her what had she wanted to talk about that day – she replied that she had hoped we would have talked about an argument she had with a friend that she had mentioned at the beginning of the session. Wow – where was I? And I had thought it had been a great session!! And this is the crucial point – you will not become a better therapist just by handing out these forms and stuffing them in the file, you must engage in a respectful and curious conversation where you make a safe space for the unspoken to be said.

At our fourth session I was very intentional in asking her what she wanted to talk about and during the session I checked that we were talking about what she had hoped we would talk about. The ratings improved and we closed at the sixth session. In our last session I asked her what she found useful in our sessions, her response was “you really listened and I felt that what I said was important to you.” Sometimes the solution has nothing to do with the problem... If you are already using FIT you already know the benefits – keep doing it, if you don’t, may I suggest you experiment with it? The ORS and SRS remind me that people achieve their goals in different ways, and they know what works for them. I can’t imagine anything more solution-focused than that!

UPCOMING EVENTS:

Part of the SFT counseling certificate at the University of Toronto:

- **Basic SFT Skills (certificate in SFT) Sat. Sep 19, 2015.**
- **SFT Crisis Intervention: Fri. Oct. 16,–Sat. Oct. 16, 2015.**
- **SFT Group Application: Fri. Nov. 13 –Sat. Nov. 14, 2015.**

NEW: SFT for MD’s: Fri. Oct. 30 – Sat. Oct. 31, 2015.

www.socialwork.utoronto.ca)

The Canadian SFBT Center:

In conjunction with University of Guelph has the SFT Intensive –

Friday, October 2 – Saturday, October 3, 2015.

For more information please visit:

www.CanadianSFBTC.com