

CANADIAN SFBT NEWSLETTER

WELCOME TO OUR WINTER 2015 EDITION

This year it feels that winter has been here for a very long time already. And others are enjoying the many opportunities of a Canadian Winter: skiing, cross country, snow shoeing, sledding, skating. Whatever your perspective we hope that the newsletter will warm you up just a little and give you a small break.

As editors of the Canadian Solution-Focused Newsletter, Therapists and Trainers we are noticing the growth, application and use of SF in many diverse areas. 2014 was the quintessential SF Year with multiple celebrations such as the AAMFT conference tribute to SFBT in Milwaukee and the magical SFBT conference in Santa Fe. This year SF is everywhere – a plethora of SF books have been published, and SF training in Canada is occurring in areas such as medicine and health, social care, education and coaching to name a small few. SFBT has a proven utility across many settings and applications. The world is

waking up to the potential of SF. Suppose a miracle happened and the potential of SF was realized, how would you know? What would you be doing? To quote a Supervisee: “*I would be singing!*” We invite you to sing with us.

In this edition we welcome Olivia Wedel’s Clinical Pearl. Olivia is pursuing her PhD in Educational Studies: Counseling and Counselor Education, at Texas Christian University in Fort Worth. For the past two years Ms. Wedel has worked as a research and teaching assistant for Dr. Frank Thomas. Olivia has worked closely with him on the preservation of the Solution-Focused Brief Therapy Archives, which houses the work of Steve de Shazer and Insoo Kim Berg from the Brief Family Therapy Center of Milwaukee.

We also have the pleasure of reviewing Gilbert J. Greene and Mo Yee Lee’s textbook *Solution-Oriented Social Work Practice: an integrative approach to working with client strengths*. This

ADVICE TO DEVELOPING THERAPISTS

If you choose SFBT, surround yourself with other SFBT therapists. Have your own cuddle group where you feel safe to experiment with and try new SFBT techniques and tools. I also suggest that you never stop taping and reviewing your sessions. Keep up-to-date with the literature and attend conferences.

book is a well-written and detailed addition to the field of social work as it successfully integrates theory with practice and provides clinicians with examples and transcripts to build and practice their skills.

It is also a great pleasure to welcome Mark Fernandes' beautiful piece on 'Serendipity'. There are moments in life that are meaningful and meant to be, they signal to us that we are on track within our own lives, and Mark's account of his adventure in Milwaukee does just that. Mark is one of the founding members of the Canadian SFBT Centre and our right hand man!! His devotion to SFT shines through in his work, supervision of students, and how he lives his life.

And finally it is my great pleasure (DB) to interview Geri Van Engen for this edition of our newsletter. Geri is my co-editor at the Canadian Solution-Focused newsletter, a seasoned registered marriage and family therapist working at a children's mental health clinic, teaching at the University of Guelph and supervising graduate students from several universities. Teacher, trainer, supervisor, therapist - she does it all. There are many excellent SFBT therapists in Ontario who have been mentored, inspired and supervised by Geri Van Engen - I am one of them. She is also a colleague and a very close friend. Her words will inspire you!! Please enjoy the newsletter and we would love to hear from you. We can be reached at: Canadiansfbtnews@outlook.com

INTERVIEW WITH GERI VAN ENGEN

A Master SF Therapist

1. What was your first exposure to SFT?

I was a student at the University of Guelph's couple and family therapy program in 1993. At that time, the second practicum was this newly developing therapy paradigm called Solution Focused Therapy. I remember now, how skeptical I was of SFT when I was initially introduced to the ideas. During our first class we watched a videotape of Insoo Kim Berg with a young girl and her parents. I'm sure most of you have watched it at some point in your careers. I just remember thinking as I watched that tape, "Wow! Insoo keeps telling the clients in the video tape

that she will get back to the complaint but never does, how helpful is that?" Being a new trainee, I had this idea that talking about the problem was what therapists do.

As part of my practicum supervision I was encouraged to show tape in which I used some of the ideas and tools of SFT. And so I did - reluctantly. I started by using the miracle question and scaling questions (rather awkwardly); I often felt as though I was learning a new language. When it was my turn to be the therapist with a team behind the mirror, I vowed to myself I'd do what I could to use the tools of

SFT, no matter what. After all, it did feel a bit intimidating as a student with my entire cohort and instructor watching my work.

A mom, with 4 children between the ages of 4 and 10 years old, came to the session. The mom spoke to me in “Pig Latin” saying that they had had a horrible few weeks because the children witnessed her being badly assaulted by their father. It was so bad that she had been hospitalized for several days and her ex-partner had been charged with assault. She noted that the children had spent some time with their grandparents over the past two weeks. I thought, *I have a team behind the mirror, we are in SFT practicum, what should I say?* Especially, when the oldest said “Geri, I know what my daddy did was bad, but he is the only dad I got and I want to see him”.

Strengths... compliments ...try it, was all I could think. And so I did. I thought about how to talk about what this very brave boy said without minimizing his wise words and mom’s worry about what we’d talk about (or at least my best guess based on her Pig Latin); I took into consideration how very young the other siblings were. I remember asking mom if she thought what her son had said was brave and if he was the type of person who knew the difference between right and wrong. Mom said he was brave and did know right from wrong. Then I invited mom to compliment the other children and the children began complimenting each other too. Soon we had a huge list of great things about this family. Together we made a shield about all their wonderful characteristics. I

remember how we all sat on the floor together drawing and colouring to make this amazing crest that represented who they were as a family and that no one could take those characteristics away from them. The mom said she was initially very nervous about coming to the session but when it was over, she said that she and her kids could hold their heads up high in spite of their very horrible situation.

2. How did you develop your skills as a SFBT therapist?

After graduating from the University of Guelph, I received a contract with a practice that took clients through the Employee Assistance Program; not long after that I landed a position on the *Three Session Consulting Team* at the agency I still work for now. I was so fortunate to have a very seasoned SFT therapist mentor me as I began this journey. She was very skilled as an SFT therapist and certainly blazed the trail for SFT ideas at our clinic. The *Three Session Consulting Team* changed several times and eventually became, and is still known as, the *Brief Team*; this team, alongside other enthusiastic SFT therapists in the clinic, continues to be so instrumental in developing my skills as an SFT therapist. We participate in a working group during which we read, watch tape, do some research and generally support each other in the work we do. Alongside having some very enthusiastic SFT therapists to work with every day, a key ingredient in my development was also the opportunity to teach the SFT practicum at the University of Guelph and to supervise students at the clinic. The best

learning is when you are able to teach and supervise. What a privilege it has been to taste all the SFT ideas over and over again (often feeling as though it is the first time) when walking with students and other trainees on their journey to become therapists.

3. What do you think SF does that other approaches don't?

Before I begin to answer this question, I just want to put out that it is my belief that what we believe about people is demonstrated by the therapeutic lens or approach we choose to use.

With this in mind, I would rather talk about why I chose SFT over other approaches. This paradigm fits for me because I believe every client is unique, has the inherent strengths and

FOR ME, COMPLIMENTING AND EXCEPTION FINDING HELPS ANSWER THE QUESTIONS OF WHO PEOPLE ARE AND HOW THEY ARE GOING TO MEET LIFE STRUGGLES.

resources to help him or herself, and since one cannot change the past it is more helpful to focus on the future.

When I started in this field, I was attracted to the idea of resilience. How is it that some people who go through tough times bounce back? How can we learn from them? What if we looked at resilience rather than pathology? Would this be helpful in therapy? This is what I see in SFT work that I do not necessarily see in other work. Certainly this premise exists in most post-modern ideas, but for me, this is most strongly demonstrated in SFT.

I believe that all people have what it takes to be the kind of person they want to be. I also believe that when the troubles get really overbearing, people often forget who they are. Therefore, by having a resiliency approach and using a strength-based lens, alongside the tools of SFT, we are equipped as therapists to sift through the muck of life. What SFT does so well in the sifting, is facilitating the re-emergence of gold nuggets people have either forgotten, or never knew that they inherently have.

Aimee Mullin says it so well in a TED talk, “by casually doing something such as naming a

person, a child might be putting lids and casting shadows on their power.” I once sat in a feedback session with parents for one of my clients, when ABCD asked the parents, “Does

it ever feel as though your child is like a Dr. Jekyll and Mr. Hyde?” Wow! This was so powerful and the label stuck until we were able to make a huge list of other qualities that we saw alongside the troubling label; this in turn gave the negative label less power.

I think SFT therapists keep this labeling or naming idea in the forefront of their mind when they enter into dialogue with their clients. This is why we spend so much time complimenting (directly and indirectly) and looking for strengths. I believe it is in the remembering of who we are outside of the problem that we find our strength to tackle the adversities and

challenges of our life. SFT therapists are often criticized as being “light and surface scratching” kind of Pollyannaish therapists, who avoid difficult conversations. I totally disagree. For me, complimenting and exception finding helps answer the questions of who people are and how they are going to meet life struggles. Staying true to this lens keeps therapists and their clients’ spirit open to new opportunities.

4. What is one of your favourite SFBT questions?

Why?

My favourite SFBT question is, *What’s been better since the last time we met/made the phone call to come/since the Walk-in?* This is helpful on so many different levels. It presupposes so many things. It presupposes as I noted earlier that clients have the inherent strengths and resources to help themselves; nothing is all negative; solutions do not necessarily have anything to do with the problem; and change is constant and inevitable. This question also sets the tone for the session.

I’ll give an example. I am seeing a single mom with her two daughters aged 16 and 14. All three have attempted suicide at least once and feel paralyzed by anxiety. The mom called to reschedule our third session because her mother was hospitalized and had to have both legs amputated; she was in intensive care on life support. We rescheduled the appointment for two weeks later. I began the session by saying that I could imagine that they must have had a difficult two weeks and then I asked whether in spite of that, they had notice anything that was better, even a little. The mom began to talk

about how they received help and support from people they never expected would help, for example from a brother who had rejected them for many years. We then had an hour conversation about the difference this had made for them. Everyone spoke about how they were proud of how they were managing this difficult time and how they noticed that anxiety did not stop them in some very significant circumstances.

The “*what’s been better*” question is also helpful because it reminds me to stay curious and check in with where my clients are in their journey. When people say that nothing is better, it is a signal that I need to be the best listener possible in order hear how they are coping or not coping and perhaps sit with them in their pain for a while longer. By asking about coping we become empathic about how painful, challenging and difficult a person’s situation is for them. As a side note, this is where I think those who are not familiar with SFT love to criticize us. It is my experience that other clinicians think we ask the question of what’s better to avoid the “deep and ‘heart of the matter’ issues”. I don’t think that’s true. My experience is that by starting with this question, we get to address the deep issues right out the gate. This question allows us to slow down and go very deeply at the start of every session.

5. What is your favourite SFBT technique (exceptions, miracle question, scaling...)?

Why?

I must say that my favorite technique really depends on the day, but overall it is the thinking

break and feedback I value the most. I align myself quite strongly with de Shazer on this one because he noted that, if he were to choose between the miracle question and taking a break and giving feedback, he would choose the break and feedback.

Before I go any further with this, just think about times when you received feedback from a friend, colleague, parent, sibling, or child that made you feel like you grew and you were just a little bit bigger as a result of their words. What did that feedback do for you? What difference did that make? I often hear people say this kind of feedback gave them hope, more motivation, more confidence, awareness to more possibilities, and made them think that what they did mattered. People generally felt better about themselves when they remembered this kind of feedback. This is the kind of feedback SFBT therapy hopes for.

So, why do I take a break today? One of my key reasons is: knowing that I have an opportunity to have my say at the end of the session, allows me the freedom to be very present in the session. One of my supervisors once said to me that when I have something burning that I wish to say, I should choose to stay silent at that time because otherwise I may stop from fully listening to what others have to say. I find that wisdom to be so true – the break allows me to check whether I still want to say that burning something. If I do still feel I have something of value to say, then I'll do so after the break, knowing I listened completely to all the ideas that were shared by

the client. It also gives me time to sit back, think and reflect on what the client has said.

The break is a wonderful Ericsonian tool. When I leave the therapy room and say that I am going to review what we talked about so I can give feedback and that I'll come back a few minutes later, clients have a heightened interest about what I am going to say. It gives the message to the client that what they say is important to us. It also gives us a chance to re-remember what the client said at the beginning of the session about their goals for therapy and to think about how they can move toward those goals for living outside of the therapy room. It also acts as a wonderful transition from our session to their day-to-day living.

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6. Where do you see this approach going? How has it changed? or How is it changing?

I love this question. And, I think that SFT is at a new crossroad. I really experienced this at both the AAMFT conference this year when Insoo and Steve were honoured and celebrated and at the SFBT conference in Santé Fe. How does a therapy modality change when the founders are no longer with us? I think Steve and Insoo would have wanted us to keep challenging ourselves to further develop the foundation that has been put

in place. I just looked at some of the topics presented at these two conferences and I am impressed at all the different areas SFBT has taken hold, for example, organizational work; child protection (signs of safety); substance use; grief counseling; within the LGBTQ population, military families, and high risk adolescent population; PTSD and moral injury; and Buddhist well-being. And then all the research and micro-analysis. That is a huge change. Wow!

So, in my humble opinion, where do we go? I certainly get excited about refining what we are already doing so well. I was very excited when I attended Frank Thomas' presentation in Santé Fe on Indirect Compliments. It felt as though we moved compliments to a whole new level at that workshop. His idea that compliments given indirectly and then checked out, gives so much more meaning, makes good sense to me. I think he is writing something about this and is due to be published soon.

I wonder about refining the break and feedback? Should it be just at the end of the session? Could we take mini breaks and do feedback throughout the session? I am experimenting with this when I have students as co-therapists. I really want the client to have a say in the session and I value their input. But more importantly, I believe having a mini reflection and feedback several times throughout the session gives therapists the opportunity to highlight our perspective and what we believe are the client's perspectives, while at the same time checking if our ideas fit for the clients; this also gives clients an opportunity to reflect on our feedback several

times rather than simply at the end. Dina and I did a workshop on the thinking break and feedback and I keep wondering about sequel to this: Mini breaks and feedback throughout the session? I'm thinking that the micro-analysis people are also coming up with really wonderful ideas as to how people are refining SFT ideas, tools and questions. This is exciting.

7. Advice for developing therapists?

Model is important. It doesn't matter which one you choose, but having a model is like having a toolbox as you enter a conversation and it has the potential to make a big difference in someone's life. Choose wisely because what you choose says a lot about who you are.

If you choose SFBT, surround yourself with other SFBT therapists. Have your own cuddle group where you feel safe to experiment with and try new SFBT techniques and tools. I also suggest that you never stop taping and reviewing your sessions. Keep up-to-date with the literature and attend conferences.

Being a therapist is the best profession to be in for many reasons. And, the one part of my work I love the most is being able to learn and re-learn ideas all the time. Remember to stay curious because what we do is privileged work; we enter into the sacred of people's lives.



Book Review:

Solution-Oriented Social Work Practice: an integrative approach to working with client strengths, by Gilbert J. Greene and Mo Yee Lee. (2011, Oxford Press).

What a pleasure to review Greene and Lee's latest book. The authors do a masterful job at providing social workers and other helping workers with an integrated, strength-based approach to therapy that combines the best of solution-focus, narrative therapy, the MRI approach, positive psychology, Ericksonian methods and social constructivism. What they do supremely well is provide researched details, history, explanations, examples, transcripts and a plethora of suggestions to improve and increase the reader's skill set.

The writers are both social workers and Professors at the College of Social Work, Ohio State University. In Part I they focus on "Client Strengths" and the theoretical, empirical and practical considerations of this approach. In Part II Greene and Lee deconstruct the elements of solution-oriented social work practice. Solution-oriented encompasses and integrates the post-modern, social constructivist, strength-based approaches. They methodically explore such topics as alliance, collaboration, languaging, externalizing, the 'not knowing' position, and many other essential parts of the approach, including assessment, and provide examples of questions clinicians can use to discover and

assess strengths and assets. After their thorough description of clinician stance and attitude, Lee and Greene identify and explore the specific techniques that define the model: defining the goal, identifying and amplifying solution patterns from the client's perspective, pattern change and how to continue the conversation and terminate successfully.

The third part focuses on Treatment Issues and Applications, such as how to work with groups, families and couples, crisis and working with people with severe mental illness. The authors have done a Herculean job in providing the reader with the expanse and usability of this text. My only small issue with the work, is that I did not appreciate some of the section on "**do**" and "**do not**" at the end of each chapter. Actually, I appreciated the "DO" section as I thought it provided an excellent summary. I felt that the "**do not**" was not in keeping with this strength-based approach, and that some clinicians may find asking "What brought you here?" (the book calls this a "do not") something that works for them. As Steve deShazer would have said: if it works keep doing it. And as Milton Erickson would have said - "You can't imitate someone else, you have to do it your way." This is the only small criticism that I can bring to a mostly flawless book.

In their concluding chapter Greene and Lee state that "like Erickson, we believe that ultimately people are the creators of changes in their lives, the authors of their new story, whether by design or unforeseen circumstances in their lives. Our position, as pointed out in this book, is that the

best way to facilitate clients' creating their desired change is to first assume that clients have the strengths, competencies, and resources to make those changes, and the job of practitioners is to work with clients in identifying and amplifying those strengths." (p.276) In their book that is precisely what they do – show the practitioner how to do this work. I recommend this book to developing and seasoned therapists and anyone who teaches in the helping profession.

Clinical Pearls:

By Olivia Wedel, M.Ed.

"This is a stepping stone to being stronger."
Using Solution-Focused Techniques in
Transitional Housing

I have used solution-focused brief therapy in a variety of clinical settings, but perhaps the most rewarding was during my tenure as program manager of a transitional housing facility in suburban Dallas-Fort Worth. Homeless women and their children could live in the program for up to two years. In exchange for safe housing, women worked and learned essential skills to help them achieve stability and self-sufficiency. Homelessness was a unifying factor among the women, but their stories were different. Homelessness knows no boundaries, and is not limited to a particular social class or demographic. One particular woman remains in my heart. I will never forget the lines of

frustration etched on her forehead, or the way her hands shook as she shuffled through the stack of forms required for program admission. Without making eye contact, she told me moving into housing appeared more stressful than sleeping in her car.

I quickly learned from the ladies, and this one in particular, that getting approved for transitional housing did not provide automatic relief from the cares of homelessness. In the spirit of solution-focused work, I decided to do something different, beginning with the resident who moved in from her car. Intensive case management was required of all the residents, but I found that using solution-focused techniques made it less tedious, and helped the women gradually feel empowered and hopeful. I also learned that asking the miracle question – after weeks of having safe housing – was not ideal.

"Lady, miracles don't happen. Why would you even ask me that?" Her response stunned me for a moment, and before I could regroup, she added: "Even if a miracle happened, I wouldn't believe it." I responded by asking her what she could believe [with regard to noticing improvement in her circumstances] instead of a miracle. This changed the course of our conversation as she was able to make a list of several things: Enough money to buy new tires, completing a training in order receive a raise on her job, and beginning to exercise again. She did not believe a miracle was possible, but inevitably, she could think of several items that would help her believe things were improving. She placed the list on the refrigerator in her

apartment as a reminder, and when she graduated successfully from the program, that list had many things checked off with "Complete!" written to the side.

No matter the reason for becoming homeless, the women I worked with faced an abundance of problems, but most were incredibly resourceful. Safe housing was not the permanent fix, although it helped. Asking women what they could believe in initiated countless conversations on what it would look like when things improved. Using the solution-focused approach also enabled me to focus on their strengths and what was already working well, which was a pleasant surprise for the residents. One individual told me several months into the program that "this is the first time I don't feel bad for what has happened to me. It's a stepping stone to becoming stronger." I will never forget those words.

Building on strengths instead of focusing on deficiencies truly changed case management approaches and counseling in the program. These women did not need any reminders of their past, but by pointing out their value and self-worth, they thrived by building on what was working. For some of the ladies, that was finishing one or two classes in order to complete an Associate's degree. For others, it was the ability to balance a checkbook, create a budget, or learning to cook. Their stories and needs were different, but each was worthy of hope for a better tomorrow.

Serendipity:

by Mark Fernandes

As you may be aware, the AAMFT held their annual conference in October of 2014 in Milwaukee, WI. Why Milwaukee? To pay special tribute to Steve de Shazer and Insoo Kim Berg who are often recognized as the innovators of the Solution Focused model of brief therapy. Naturally, it was appealing to me and made it a good reason to attend my first AAMFT conference. I made the 10 hour car ride with three amazing colleagues who all had extra training booked for the first day while I was scheduled to begin my conference at 5 pm that night. This afforded me an entire day to do whatever I pleased. Being a person who works full time, is involved in his community and is a father of young children, this seemed like a gift from above! I slept in a little, had a 12oz Dunkin' Donuts coffee, walked the campus of Marquette University, and did what I enjoy the most and almost never get to do - wander through an old downtown admiring architecture and art, especially of the ecclesial variety. The Church of the Gesu at Marquette is a sight that leaves one in awe to be sure. Old St. Mary's is tiny and quaint with art work that lifts the mind and heart to heaven. However, it was the Cathedral of St. John the Evangelist that stole my heart, for a number of reasons. It was midafternoon when I tried the door with fear it would be locked when to my surprise it opened.

At first I was taken aback by the modern feel of this old church and yet was captured by its elegance. There were but three other people in the building when I entered and at that point all I could hear was the silence of prayer and meditation taking place. Lighting a candle, I sat in a side chapel sanctuary in prayer and reflection for a few moments. After this I began a self-guided tour with the help of a leaflet I had found in the narthex of the church. Alcove by alcove I learned the story behind each painting, statue or stained glass window. At about half way through my tour of this magnificent building I became somewhat irked by the chatter that was taking place in a niche across the church from where I stood. As I made my way closer I noticed that there was work being done in that niche. Two women who were clearly artists were painting in the niche on a table with numerous floodlights to illumine their work station. One had taken time to explain her work to a passerby again causing interruption to my meditative tour. When I got closer to their place of work I noticed that they were iconographers creating (what they term *writing*) two icons they had been commissioned to paint. When I began to look at the half completed works of art, one of the ladies kindly asked if I had any questions. I asked a few questions about the creative aspects of their work and then about how I might contact her should my home church want to commission such work. It was then that providence struck. She offered me her business card which then revealed her name *Katherine de Shazer*. Dumbstruck, I thought it impossible. Could she

really be? No way. However, you don't know if you don't ask. So, I did. "You wouldn't, by any chance, be related to a *Steve de Shazer*, would you?" "You mean, like, the therapist *Steve de Shazer*? He was my father's brother." I was speechless. I proceeded to explain that the reason I was in Milwaukee was to attend a conference along with several thousand people that would pay tribute to her uncle and aunt's life achievements. She was completely unaware that the conference was even taking place. She, too, was from out of town and was there purely as a result of her commission by the Church. I wondered whether it would be too much to ask to simply ask her a few questions about her uncle and aunt and know a little about who they were as people. She was more than pleased to, and seemed to relish telling stories about how her uncle and father were both jazz musicians who had played in nearly every bar and restaurant in Milwaukee to get through college, and after that time since they both simply loved music. She recounted his love of beer, licorice and cooking. You rarely saw him without his hat, she recalled. With emotion and great fondness she told of the experience of going to his house for family meals with Insoo who was often found in her garden practicing her love of horticulture. Katherine called Insoo her favourite aunt. The love that Insoo and Steve had for one another was what was most memorable to Katherine and was what attracted her to them most. Katherine stayed in touch with Insoo after Steve's passing and shares the opinion with Insoo's daughter that Insoo died shortly after Steve of a broken

heart. With this tender recounting of two spectacular lives, our happenstance meeting had to be cut short as she needed to return to her craft and I to the conference centre. I left this chance meeting in the cathedral feeling as though I had drank from the fount of history and touched a relic of sorts. Learning about who Steve and Insoo were outside of their theoretical and academic writings helped me to know them as people who ate, gardened, played music, loved and lived. In retrospect this experience helped me make better sense of and understand where the humanity, compassion and real-life practicality that defines SFBT comes from. Steve and Insoo did therapy the same way they did life: do more of what is working, use what life gives you, and focus on the present. I will be forever grateful for that church door opening.



CALENDAR OF UPCOMING EVENTS

SFBT Modules –The University of Toronto, School of Social Work, Continuing Education

SF Counselling Certificate Program:

- February 27–28th, 2015: **Adjustment to Loss and Grief**
- March 27–28th, 2015: **Child and Adolescent**
- April 24–25th, 2015: **Very Brief Helping Interviews**

SF Brief Coaching Modules (U of Toronto):

- February 27–28th, 2015: **Mindful Presence of a Coach: Refine the tool of Language**
- March 27–28th, 2015: **Executive Coaching with Emotions in Mind: Emotional Intelligence with Solution-Focused Practice**

(more information at:

www.socialwork.utoronto.ca)

The Canadian SFBT Center in conjunction with the University of Toronto is offering ‘The Practicum’ May 9th and 30th. This 2 day intensive offers opportunity to do single session therapy, participate in the ‘team behind the mirror’ and have live supervision of your work. This module is part of the certificate program at the University of Toronto. For more information please visit:

www.CanadianSFBTC.com