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CANADIAN SFBT NEWSLETTER

WELCOME TO OUR ANNIVERSARY EDITION

Welcome to the first anniversary edition of the Canadian SFBT Newsletter. What an amazing year it has been! We have enjoyed our interviews with SF Giants and connecting with the wider SF community. We had no idea when we started this one year ago what a wondrous journey we were taking and the adventures we would have. In typical SF fashion this small change that involved us doing something different has led to multiple changes and even improvements in our professional lives. We have learnt a great deal from the wise and humble SF Giants we have interviewed: Ron Warner, Thorana Nelson, Frank Thomas, and in this edition Janet Bavelas. This newsletter has made us even more intentional with our SF work and has led to the founding this summer of the Canadian SFBT Centre in Ontario with a mandate to practice, promote and advance the highest standard of Solution-Focused Brief Therapy to the optimal and maximum benefit of those we work with. You can check us out at www.canadiansfbtc.com

On behalf of our many readers who have shared with us their delight and appreciation of the interviews we want to thank SF Giants Ron, Thorana, Frank and Janet for taking the time to share their wisdom, thoughts and ideas.

We are very excited about this precise moment in time! The AAMFT annual conference is around the corner in Milwaukee with a daylong tribute to SFBT. And the SFBT conference in Santa Fe, New Mexico in November promises to be food for the soul and mind. We are very honoured to share our interview with Dr. Janet Bavelas, Professor Emeritus of Psychology at the University of Victoria and one of the co-authors of the classic ***Pragmatics of Human Communication.*** Dr. Bavelas and her research team specialize in the study of face-to-face dialogue and the microanalysis of Solution-Focused Conversations, focusing in on the details that make a difference. Please enjoy the newsletter and we would love to hear from you, we can be reached at:

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INTERVIEW WITH DR. JANET BAVELAS

Microanalysis and SFBT

1. When we spoke in Toronto, you talked about your interest in language at a very young age, can you speak to that a little?

The youngest that I remember was probably in grade 1 or 2. I had done something wrong, and the teacher called me to the back of the class to ask me in private, "Janet, did you obey me?" I replied apologetically," Yes." She asked again, more firmly, "Janet, did you obey me?" Shamefaced, I replied, "Yes, and I'm sorry." The teacher, who was not only kind but wise, asked "Janet, do you know what 'obey' means?" Even more ashamed, I said "Yes, it means not do what you said to do." She explained what "obey" really meant and accepted my apology. I think I've remembered that particular interaction because of the possibility that what a word meant could be both arbitrary and important.

> THE THIRD REASON IS ETHICAL; IT'S ABOUT BEING RESPECTFUL. I PREFERRED BRIEF THERAPY BECAUSE IT DIDN'T MAKE UP DIAGNOSES AND PATHOLOGIES TO ADD TO CLIENT'S PROBLEMS. I USE THE TERM "MAKE UP" DELIBERATELY HERE.

By grade 5, we began to learn the rules of grammar. Just as my older brother was excited to discover the periodic table, I was thrilled to discover that language could also be organized, that it had regular patterns. I loved everything in school that was about language—vocabulary, writing, essays about novels or poems, whatever. It's very fortunate to discover early on what you finding fascinating and can therefore put your energy into doing it well. Even if you don't know yet exactly why it interests you.

2. What hooked you to study language at the time you did?

At some point, it became social interaction that interested me the most, so it was language in social contexts. At Stanford, I chose between majoring in English versus Psychology. They were the same to me—looking closely at people. But because I was also very inclined to science, I chose Psychology, which unfortunately turned out to be about rats, Freud, and other boring stuff--totally focused on isolated individuals.

There was one life-changing exception: A visiting professor assigned an article by Don Jackson, and I was amazed that someone else saw what I saw—that individuals live in an immediate social context, that there are always people around us, influencing us (which was not evident in any of my other courses!). Later I saw that it's really a pretty bad article, but there was enough in it that resonated deeply for me. I was still a

long way from studying language as social interaction, but this article led to a decision that led me there.

3. How did you get connected to SFT?

Actually, it was ultimately because of the decision I just mentioned, which happened in 1961 when I had finished my undergraduate degree and was looking at the job listings for Stanford graduates. There was a well-paid job doing computer programming for General Foods and a low-level job at a research institute directed by—guess who—Don Jackson. I followed my passion (and my hope) and that's how I came to be at the MRI, in the Palo Alto Group, and learning (among many other things) about the original Brief Therapy. When Steve and Insoo were around the MRI, I was only there part-time because I was by then in grad school. Then left for my university position here in Victoria. So we probably crossed paths when I visited from time to time, because I always sat in on the Brief Therapy sessions and meetings. However, I was by then an experimental social psychologist dedicated to figuring out how to study actual communication, so I wasn't keeping up with developments in therapy.

It was in the mid-1990's that Insoo and Steve did a workshop in Victoria, and we met for a day to talk about the research my group was doing, especially the method of microanalysis that we were developing. We immediately saw the connections between our superficially dissimilar work and began to stay in touch. Insoo sent us videos of sessions, and several of the students microanalyzed them for projects or theses. This increased over the years, and my last conversations with them were still about teaching and doing research that would merge our microanalysis with their therapy. It's fair to say that they dragged me out of the lab (at least part of the time) and showed me that I might actually contribute something that could be practical and applicable.

4. What was it about SFT that convinced you to make the partnership with them?

For me, there were three clear reasons. First, our formative roots were at the MRI, especially with John Weakland as a mentor. This meant we shared a lot of background and basic assumptions, which had shaped us and which each of us was developing further in our own way.

Second, we were passionate about language. Our intellectual focus was entirely on language, specifically on how people use language in dialogue. It is great to talk to others who observe dialogue closely (and who simply don't care about mental processes!).

The third reason is ethical; it's about being respectful. I preferred Brief Therapy because it didn't make up diagnoses and pathologies to add to client's problems. I use the term "make up" deliberately here. I find formal or informal diagnosis to be a logically and empirically questionable inference from inadequately observed behaviour—an inference that inevitably demeans the individual. SFBT was therefore even more appealing because it went on to seek out and discover the client's strengths, exceptions, and amazing capacities. I am

still so moved to read, for example, about "Rosie" (in *Interviewing for solutions*) who is such an amazing parent.

5. What are the nuances of SFT that gets you excited?

It's the precise use of language we see in sessions. In our research so far, we've documented how carefully SF therapists form their questions, formulations, and topical content (e.g., the articles in the special section of *Journal of Systemic Therapies* (2013). But they are even more precise than that: I sort of collect examples where Steve, Insoo, and other experts interrupt their own sentence to make it more solution-focused. And they do that in real time! It's like watching an athlete at the top of his or her game.

I'm so fortunate to work with Harry Korman, Peter De Jong, and Sara Smock Jordan. We meet almost weekly by Skype and have amazing, productive conversations. They teach me such precision of SF language and theory. So it's not the case that I'm just passing on established basic research knowledge to be applied to therapy videos. It's also the case that we're learning things from the analysis of therapy videos that contribute to our basic research knowledge about dialogue.

6. What have you discovered in your microanalysis that you want us to pass on to other therapists?

It isn't to "**other** therapists," because I'm not a therapist at all—not by training, by practice, or by choice of career. I'm a lab researcher who hopes to pass on some of this theory, method, and evidence that might be of interest to SF therapists. All of this research focuses on figuring out how face-to-face dialogue works and what its basic features are. The work of my research group here in Victoria is in the publications on my website (http://web.uvic.ca/psyc/bavelas/), which also cite the important work of other researchers in my field.

I'm pretty blunt about pointing out that what most practitioners are taught about "communication" is not just lacking in evidence but actually contradicted by the research evidence. That's a negative contribution, I realize, but it is something I'd like to pass on (along with the real stuff).

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7. You have had an amazing journey from the MRI, in Palo Alto to microanalysis in Victoria, Canada. Your collaboration with Watzlawick and Jackson lead to "Pragmatics of Human Communication" and truly launched a new field. When you look towards the future what are you excited about in the field?

Whatever I'm doing right now! Some projects are basic, experimental lab research but there are an increasing

number of projects in applied research (including therapeutic, medical, and even computer-mediated communication). It is all so far from where I started but still on the same path and leading to new discoveries on that path. Dialogue is the fastest and most skillful thing people do, and those discoveries are the most exciting.

The method we have developed, microanalysis of face-to-face dialogue. is mature now and leading to more discoveries, both in lab and applied data. I hope that, in SFBT, it will not be a passing fad that just means looking at bits of video. It would be great to have more and more practitioners become experts and do relevant research and teaching using this method. But that's not up to me.

Coaching training. The Counselling options for fall 2014 include: **Crisis Intervention**, Friday, October 17th to Saturday, October 18th. **Group Applications:** November 14th to Saturday, November 15th. **Couples and Family:** Friday, December 12th to Saturday, December 13th. For more information please go to: www.socialwork.utoronto.ca/conted/certificate/SFC.html

The SF Coaching Options at University of Toronto are **Foundations of Solution-Focused Brief Coaching:** October 24th-25th, **Meaningful Career: Solution-Focused Approach to Career/Transition Coaching:** November 28th-29th.

The Solution-Focused Annual Conference is in Santa Fe, New Mexico **between November 5-8th.** We will be there and we hope you will too!!

Calendar:

Upcoming Events not to be missed:

Just around the corner is the annual AAMFT Conference. Dates are October 16 -19th, in Milwaukee, Wisconsin. The Friday of the conference is devoted as a tribute to Solution-Focused Brief Therapy. As you may already know Milwaukee is the birthplace of SFBT. Keynote SFT speakers include Frank Thomas, Michele Weiner-Davis, Michael Durrant and Cynthia Hansen.

The University of Toronto, School of Social Work provides Solution-Focused Counselling and

Book Review:

Learning Solution-Focused Therapy An Illustrated Guide by Anne Bodmer-Lutz, BSN, MD

It was a few months ago that Dina and I were looking at the websites of the various SFBT clinicians and spotted a recommendation of this book on Yvonne Dolan's website. We became incredibly curious about this book for various reasons, one that Dr Lutz is the director of training at the Institute for Solution-Focused Therapy, a MD and assistant professor of

psychiatry. And, we work in children's mental health clinic, involved in training and we regularly connect with the medical profession. We thought, wow, this book has it all. After reading this book, I must say it did not disappoint in any way.

When I began reading, I felt as though I was a participant of a very thorough training seminar about SFT work. Lutz starts with the beginning SFT therapist in mind. She has many pages of tables of SFT assumptions and questions. And, what is really unique with this book, is that she has a link to a website where we see her demonstrate so many of the ideas she speaks about in her book.

Not only do we see the demonstrations, she also has plenty of case illustrations, learning exercises and at the end of the chapter, a review of the key points.

Another key ingredient to this book is her conversational style to her colleagues in the medical field. For example, she boldly says "Much as a surgeon is required to learn anatomy, anesthesia and use of the scalpel, and broad technical expertise in order to perform successful surgery, performing solution-focused therapy requires tremendous skill, expertise and practice. The surgeon maneuvers the scalpel. The solution-focused clinician utilizes language and carefully constructed questions as a metaphorical scalpel." "Much as a surgeon would not perform surgery without first administering anesthesia, so too a solution-focused clinician would not perform a surgical conversation without first taking the time to explore strengths and resources needed to overcome the problem." These contextual frameworks for physicians remind me as a therapist of the importance constantly learning and begin sharp each and every session.

As a family therapist, I also appreciate the detail Lutz goes into about client's VIPs. At times solution-focused work is criticized that it is not systemic enough, the ideas Lutz uses around the VIP's in people's lives certainly speaks to the systemic underpinning of SFT work. She stresses the importance of knowing who the client's VIP's are and including them in sessions either physically or imaginatively.

Another concern others have about SFT work is that it overlooks or even negates the opportunity to talk about feelings. I appreciate how Lutz speaks very clearly about "taking a brief moment to pause the conversation, acknowledge the patient's feeling, and confirm these with him or her helps the therapist stay attuned to the patients emotional state, further enhancing engagement and collaboration." Ideas such as the "emotional yes set" and "for you" "for them" statements certainly facilitate this. For example, she notes how the first order of business is often to validate how difficult this situation is " for them" before moving to coping or scaling questions.

The last part of the book speaks about solution-focused psycho-pharmacotherapy, assessments, supervision and consultation. She has an entire chapter on how to speak to issues regarding medication. She also includes assessments such as: for safety, ADHD, anxiety/mood, trauma and substance abuse. I appreciate how she took an entire chapter to talk about addiction, especially how she looks at the issue systemically, seeing relapse as a sign of success and finding out the good reasons for using.

I highly recommend this book. I think this wonderful training manual fulfills Lutz's hope .... It has been useful and, it will be a constant read for me so that I can stay solution focused with my clients and the people in my life.

Clinical Pearl:

by Mark Fernandes, M.Sc., RMFT

The solution is always in the eye of the beholder!

I recently saw a young woman and her father through our walk-in service in the clinic where I work. She had come on the recommendation from her psychiatrist who had most recently diagnosed her with severe Obsessive Compulsive Disorder. Sheepishly, she entered my office and barely a look upward as I explained our confidentiality policy to her and her father. I seemed to throw her off kilter when instead of asking why she had come for therapy; I asked what it was about herself that she knew her best friend loved about her. In a polite, yet confident manner, she declined to answer the question and instead felt it necessary to rhyme off the litany of reasons she thought she may have been diagnosed with numerous mental health issues, most of all with her OCD. It seemed that she needed to tell me about the problem in great detail before we could proceed with my original question. As she went on with her list, her father seemed only to sink further and further into his seat. At one point, I was able to ask what her obsessive compulsions consisted of. It was like throwing gasoline on an open flame. While she became more rigorous in her explanation, she simultaneously seemed to shrink under the weight of her diagnosis. Firstly, she explained that she obsessed over whether the doors in the family home were locked at night. Embarrassed, she opened her mouth to continue when I interrupted her and asked “Tell me how this is a problem for you?” My client who seemed to have an endless story about her obsessive compulsive journey suddenly fell silent. “I actually don’t think it is a problem for me” she exclaimed and in what seemed to be a new revelation she continued, “I only thought it was a problem because I had been told it was by the doctor.” We continued to talk about how her OCD helps to keep the family safe and that it made perfect sense that she checks the doors so often since the family home had been broken into and robbed years earlier while they were in bed.

This young lady went on to explain that the doctor had come to the conclusion she was

suffering from OCD in part because she washed her hands too often. I asked whether she was doing this to the point of it interfering with her normal daily functioning, to which she replied that it had not in any way. At this point, her father seemed a little more engaged and assisted in the conversation by adding that it was a family value that they wash their hands often since another of the family members had a chronic illness and was more susceptible to illness. Again, the perceived OCD turned out to be a strength.

Finally, and perhaps most intriguing, was this young woman's last OCD behaviour. She explained that the psychiatrist had been most perplexed at the number of times she reportedly checked her school agenda throughout the day. I asked how many times an hour, on average, she might check the agenda. She said that she checks it four or five times an hour. I also asked how her grades were this semester. She reported that her marks had slipped to a 96% average in her university level courses this semester after being preoccupied about having been diagnosed with OCD. We wonder out loud for a little while about whether or not checking one's agenda might contribute to academic success and whether it is a trait of highly successful people. At the end of the session I asked her whether she still wanted to start looking at steps to get rid of the OCD to which she replied, "actually, it seems that I've come here on the advice of someone who doesn't know me to get rid of what could be one of my greatest gifts, OCD!" Her father certainly supported her in her new-found understanding of what they thought was a hindrance in her life. In the end, it seems that OCD for this young lady was construed as something to be rid of, yet she came to understand it as one of her many great attributes. The problem became the strength and solution in the eye of this beholder. All that was needed was a different question to help shift the focus from negative to positive, from weakness to strength; from disability to possibility. She said that her OCD was leading her to want to be placed on the wait-list at the agency, but that she did not think she would need to return. Given the wisdom we had found in her OCD, we agreed to listen to it. For the record, she has yet to return.