Solution News

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United Kingdom Association for Solution Focused Practice

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So this is my last issue of *Solution News*. I'm sure many of you have been wondering what has been going on, as we haven't been publishing as regularly as we might have hoped over the last year. The short answer is that it's been a difficullt year for us, and apart from the usual bugbears of finding suitable material and the sheer time involved in producing an issue (hard when you also work a full-time job), it's been tricky at times linking Solution News back to the UKASFP. That said, other members of the UKASFP committee have at times appreciated, supported and helped with the continuing production of *Solution News*. In fact, much of the locating and editing in the issue you are reading was done by the general committee members rather than by me, and they therefore deserve much credit for the quality of content between these pages.

I am sad that I haven't been able to work as well as I would have liked with others over Solution News in the last year. For me any type of solution-focused working requires some basic skills, and two that I think are absolutely essential are the ability to listen very carefully to what others are saying and to respond to that, and the ability to take the necessary time with the person you are working with to allow for meaningful collaboration and best use of skills. I think that often the problem is that outside of solution focused it's easy to forget to use these skills in our (often pressured) 'everyday' tasks and lives. I am certainly (still) discovering that these basic (but oh-so-important) skills can be as useful in everyday contexts as in 'therapy', and often far more useful than "that clever question about the scales". I hope to use them more in everything I do in the future.

Acting as editor has in fact taught me a whole lot about all sorts of things, much of which comprises how much I still have to learn! Above all, though, for me the greatest thing about doing this job has been the knowledge that people out there are readng and using what we have put together. So as well as thanking all the contributors over the years, and my two ex-associate editors, Svea and Dave, I'd like to give a huge 'thank-you' to everyone who has taken the time to read our publication over the last three years - just watching those circulation figures rise and knowing that our journal is being picked up all and read all over the globe has been a wonderful and humbling experience that I won't forget. Although I'm now moving on from both the publication and the association, I'd still love to hear from any of you who'd like to contact me, about anything. I can always be contacted at ian@sftp.co.uk.

So where next for Solution News? As I alluded to in the last issue, I believe the UKASFP is changing and attempting to define its purpose, identity and roles more clearly. It has seemed to me from the beginning of the assocation that there have always been some people who wanted it to be a sort of über-interest group that was solely

about sharing and promoting ideas, whilst others had far more interest in it becoming more of a 'professional association' that aimed to create a distinct professional grouping and potentially regulate solution-focused practitioners. The direction the assocation takes now will no doubt have a strong hand in shaping what type of newsletter (or other publication) it produces in the future, and I'm sure that the research editions of Solution News (or whatever alternate name it takes on) will shine a light on what future productions may look like. My fervent wish is that wherever it goes, the publication tries to deserve the simple, but overwhelming praise once sent to us by Frank Thomas:

"Thanks for adding to the planet's positive ki"

Best wishes to all, over and out....

Ian C. Smith
Not the Editor any more...

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On Being a Therapy Connoisseur
A New Language of Shared Expertise

Dominic Bray & _E. Veronica_ (_Vicky) Bliss_ share their thoughts on consulting service-users.

Dominic works as a Clinical Psychologist in general hospitals with people with a variety of conditions including cancer (oncology and palliative care), renal failure, chronic pain, ME and fibromyalgia. He also does quite a lot of training and supervision for medical and non-medical staff. He was also the UKASFP Chair, 2005-2006.

A Level Playing Field...

A guiding principle of solution focused work is that the worker and the client each bring their own expertise to a conversation. The principle assumes that each client has expertise in knowing where they want to get to, what has worked already, what is likely to work in the future, and how they will know when they are moving in the right direction. These underpinning beliefs resonate strongly with recent Department of Health (2001) and General Medical Council (2007) guidance as well as with some other psychological approaches to helping people (e.g. Seligman, 2002). The worker's expertise is in asking useful questions and listening carefully to help co-construct a view of the future that makes sense to all involved. The experienced worker is well practised in not only listening to what a client says, but in believing that what the client says is true for them. Within solution focused work, there is a balanced partnership with the therapist learning critical things, such as the aim of therapy, from the client. As a solution focused worker does not hold any knowledge about what is 'wrong' with a client, nor about what treatment to prescribe, it is strikingly different from more problem-based therapies.

> **"We decided that 'connoisseuring' could mean the act of improving therapy throught the showing of expertise "**

Beyond the Therapy Room...

In solution focused therapy sessions, workers have clients who light their way forward, establish the pace at which change happens, help the worker understand the next useful step and tell the worker how they will know when the goals have been achieved. The competence of clients has become so apparent that we have started to mine their expertise to inform other aspects of professional practice outside of the therapy room as well. The influence of people who have received solution focused therapy can be seen at brief therapy conferences, such as the European Brief Therapy

Association (EBTA 2004; 2005; 2006; Ljungman, 2005), the United Kingdom Association for Solution Focused Practice Annual Conference (2005; 2006), and in various other training events organised by solution focused practitioners (e.g. Missing Link Support Service, Ltd., 2006). Likewise, the influence of solution focused clients can be seen in publications (e.g. Bliss & Edmonds, 2007; Edmonds & Bliss, 2006).

In addition to the more public arenas of conferences, teaching and writing, the expertise of clients has been used by both authors in service policy decisions. Also, the second author (Bliss) has started to gain more formal clinical supervision on 'stuck' cases from two ex-clients who have practical advice to offer. These public and service-specific ways of learning from expert service users differ from the recent popular approach of focus-groups made up of service users and carers that advise on the future of service provision, in as much as the input is sought individually, and solution focused questions are use to co-construct a way forward for the business. We have found that in the more traditional service user advisory groups, the information from service users is given during group meetings, roughly collated and easily lost in the transition from information gathering to actual practice.

Thus, both authors have found that their clients' expertise extends well beyond their personal knowledge of their own circumstances into the more generic area of what constitutes good therapy.

Who's who...

An informal poll of workers who have attended EBTA conferences and those who subscribe to both the UKASFP list and the international SF online discussion list (SFT-L, 2007) suggests that many are open to learning from anyone who has something to teach them, ex-client or otherwise. The idea of co-creating aspects of good SF practice with anyone who has an interest in or experience of good therapy is quite appealing and fits neatly within the framework of solution focused work. Indeed, as with many SF concepts, it sounds so simple one wonders why it isn't already part of normal practice, especially now, with a growing body of evidence and experience that highlights the benefits of widening sources of influence on our practice.

However, practical discussions about the 'how-to-do-it' quickly become mired and sink in sticky pools of conversation about language use and ethical practice. It is the term 'client or ex-client' that falls first, quickly followed by the term 'expert' and the phrase 'equal partner'. Who decides when a person is an ex-client and when they are just a person? Therapists are often also ex-clients so perhaps we are already using the expertise of ex-clients when we have policy and practice discussions with

Vicky has an MA in Counselling Psychology, and another MA in SFBT. She has over 25 years' experience of working with adults who have intellectual disabilities, autism or mental health problems, most recently as the Managing Director of the Missing Link Support Service in Lancashire.
A book that she co-wrote with a connoisseur of SFBT has recently been published under the title 'A Self Determined Future and Asperger Syndrome'.

such therapists? Furthermore, is the parent of a child who attends for therapy considered an ex-client or would some other word, such as 'carer' describe their role better, and does that terminology make a difference?

The position of equality of expertise seems to be the next victim of the twin sticky pools because it is generally assumed that professional boundaries are required between therapist and client, and that the therapist has a certain degree of responsibility for the client's well-being. Out-of-therapy contact with clients might blur those boundaries and that may be problematic? Would workers be able to challenge the expertise of an ex-service user? Would the client's view be privileged over others by well-meaning workers who want the client to feel at home and valued in discussions with professionals? Would workers be able to 'let' clients defend their own views in a discussion or would they race to support them out of sympathy? After all, the virtue of having survived psychologically thrilling life events doesn't automatically mean that a person would be a good advisor or a good supervisor, does it? In addition, shouldn't we as workers be encouraging clients to get out of the therapy system once they have achieved their goals, rather than inviting them to stay in it for the benefit of the therapist? It quickly becomes apparent that the notion of equality in a therapeutic relationship, though it sounds noble, is fraught with knot-tying confusion.

So stumbling blocks to this seemingly sensible idea of continuing to learn from the expertise of clients outside of therapy are in no short supply, yet we did not want to miss out on the excellent learning opportunities afforded by learning with and from people-who-are-not-therapists. As the primary source of confusion was language, we became determined to find language which would allow us to express the idea of shared expertise, shared learning and shared wisdom about all things therapeutic (cue music: Ride of the Valkyries…)

Connoisseurs…

We pondered, wiggled in our chairs and drummed our fingers. Hmmmmm…what could we call people who were able to differentiate a helpful therapeutic conversation from an unhelpful one? What term might encapsulate a person's ability to appreciate the finer points and subtle moods of a good therapeutic conversation? The people we wish to categorise are those whose experience of, and interest in, therapy have given them wisdom and expertise. They are 'people-in-the-know'. Connoisseurs. Yes. Connoisseurs have a special knowledge or appreciation of a thing – in this case good therapy. We rolled the word around and practiced using it in relevant sentences. "Connoisseurs of good therapy are invited to share and improve their knowledge of solution focused therapy at the next UKASFP Conference". Now, there's an interesting invitation! We liked that connoisseurs usually have information about what they do and do not like about something. That is, they not only teach about what they spit out, but also about what they are willing to swallow.

The term 'connoisseur' can be applied to someone who is readily able to distinguish between one thing and another at the level of saying "I like that one best" without further being able to comment on the detail of why one is preferred over the other. At the other extreme, the term may be applied to those obsessive individuals who have few friends and spend their Saturday nights cross-indexing solution focused minutia. And, we believe, it can aptly be applied to every individual in between those two extremes.

Two further attractions of using this term are the connotations of sophistication that it carries, and the international origins of the word. The two tiny drawbacks to using this word are that people won't be used to hearing it in this context and it's a bit of a buggar to spell.

Connoisseuring...

With our creativity and excitement virtually unstoppable at this point, we followed the example set by Walter and Peller (2000), who coined the new word 'solutioning' to mean the process of finding solutions. We decided that 'connoisseuring' could mean the act of improving therapy through the sharing of expertise. Yep. We think it could work.

And what if it did? What if we adopted the term connoisseur to encompass anyone who had a special knowledge or appreciation of effective therapy? How would a conference of therapy connoisseurs be different than a conference of therapists with some input from ex-clients? How would solution focused training for therapy connoisseurs be organised differently than training for professional workers with some input from ex-clients? If the group consists of people with special knowledge or appreciation of effective therapy, there's no telling who might be sitting next to you as a conference participant. How would we advertise conferences and training so that everyone with an interest in furthering their appreciation of good therapy would know of the event? Would we write differently about therapy in learned articles and books? Would the readership be different?

Ah. More questions raised than answered. However, we believe the above questions have more potential, both within therapy and more widely, than our present questions regarding how to decide when someone is a 'client'!

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Strengths: How useful are they in solution focused practice?

Chris Iveson provides with some thoughts on the importance of action descriptions

Chris Iveson is co-founder (with Evan George and Harvey Ratner) of BRIEF (www.brieftherapy.org.uk). A former social worker and family therapist he is interested in how solution focused principles such as 'not knowing' can help improve the effectiveness of statutory work in child protection, mental health and criminal justice.

One of the most interesting subjects on the solution focused e-mail lists last year was the discussion about 'strengths'. There had been several references to solution focused work being a 'strength-based' practice and these eventually provoked a questioning of this view (by Allan Wade and Rayya Ghul among others). The list archives (e.g. www.sft-l.sikt.nu the 'resilience' thread from August 2007) will be well worth a visit for those interested in the variety of views and the intellectual rigour shown by many contributors.

> **"'Strengths' may be unreliable, like 'not-very-good' friends, you shouldn't plan your life around"**

In this article I just want to describe the difference it has made to my practice. Steve de Shazer always made it plain that emotions and any other 'inner states' are unreliable; like not-very-good friends who cannot be relied upon to be there when you need them. 'Strengths' are part of the same gang; good when they are around but not to plan your life around.

As this debate was getting under way I was seeing a client who was very close to killing herself. She had had several compulsory admissions to psychiatric hospital but these had not stopped her escalating self-harm. She had rung BRIEF (a solution focused brief therapy clinic where I work) on a Friday afternoon and spent some time speaking to my colleague, Harvey Ratner about the signs of her safety that she might look out for over the weekend (he received a Christmas card for this!) and then I saw her on the Monday. Obviously I was keen to ask her how she had kept herself on the 'side of life' over the weekend and found out many things, including, as it turned out, that this weekend constituted the beginning of her recovery from an all-consuming period of depression (thanks to Harvey, I guess!) The following week I was showing the tape of this session and saw something I would not have noticed if I hadn't been reading the strengths debate.

"What else helped you stay on the side of life over the weekend?"

"Will power, I suppose"

"Where did that come from?"

"I don't know? I didn't think I had any left but I suppose I did. I don't want to die."

"What else kept you on the side of life?"

What I saw was a failure on my part to recognise the unreliability of the friendly 'will power'. On this weekend she had somehow found her friend alongside her but what if it had been a weekend where she had not felt that strength? If will power had been the only thing keeping her alive and she had lost touch with it then death would have been the obvious outcome. We have all had the experience of waking up 'full of the joys of spring', leaping out of bed and zooming into the day! We have also had the experience of waking up feeling dreadful and just wanting to go back to sleep. If we relied purely on these inner states to govern our actions not many of us would have a job. Fortunately, we learn from our good days the actions that we still need to do on bad days so that our lives can stay reasonably on track.

Next time will power (or any other 'strength') came up I made sure I asked "What did the presence of that will power [or other strength] enable you to do that helped you keep going?" The catalogue of answers ("I made myself ring my dad", " I rang the CAT team", "I thought about the cats", "I did some shopping for my neighbour", "I drank lots of fizzy water", "I went out and bought some cat food" etc) then provided a guidebook for those days when will power might desert her.

This has led to a new richer layer to my work. Whenever a client identifies a strength, quality or inner state that is helpful I will almost always ask: "what does that enable you to do?" In this way the client becomes more aware of those repertoires of actions available to them when times are hard: "I don't feel like getting up but I know the actions I need to go through so that I do get up".

Another 'before-and-after' contrast was with an eighteen year-old woman who had spent most of the past two years in a psychiatric hospital and eventually discharged herself against advice. She had said she wanted to like herself and during the previous session she had come up with a list of 37 qualities that she had. At the next session she was still struggling and said that though she had the list of qualities it was hard to believe in them. This time I had a better idea of what to do: "Let's make this a list of 370!" I said. She laughed in disbelief until I asked her to pick any one of the qualities (she picked 'loyalty') and then asked her to tell me ten ways that she had demonstrated her loyalty in the past week or so. She came up with eleven. I offered to help her convert the 370 into 3,730 (by finding ten small actions associated with each of the ways she had demonstrated her loyalty) but she settled for picking a couple of other qualities to dissect instead.

This rather late-in-the-day recognition of yet another layer of the solution focused onion throws up other difficulties for me with relying on strengths as 'givens'. If they are 'givens' then they might be seen as having less value than things that have been 'earned' in some way (this came up in the more recent list debate about "trait praise"). More ominously, it would suggest that negative qualities are also givens and we know that when people hold this view they stop trying to do anything about things. Which, interestingly, is where solution focused began – challenging the totality of these views with the concept of exceptions.

So today, I saw a young woman whose twenties had been devastated by 'mental illness' which she saw as governing her entire future. She said fear stopped her from doing most things and she could not see how she would ever be able to lose her fear. This begged the question 'how had she managed to put so much of her life back together?' This was a mystery to her until we identified the steps and exactly how she had taken them. This is the old exception rule and provides a way to help clients to begin to untrap themselves from 'inevitable' negative qualities. Extending the process a little further allows the identification of more positive qualities ("I suppose I haven't totally lost my old 'can do' self") and then into a description of how that quality has shown itself ("So when since we last met has this 'can do' side shown itself?", "What did you find you were able to do?", "What was the first sign to you that you were feeling the confidence you were going to need to take that step?" etc.).

I have also brought these ideas into my training and yesterday tried out a new exercise on leadership training with a group of twenty-four managers. As we know, in solution focused practice it is important to acknowledge the skills with which our clients come to us whether they come for therapy or training, so I told the group that I would like to work from a platform built from 24,000 of their existing skills. The exercise is simple: each is interviewed by a partner to identify ten leadership skills, one of these is picked at random and ten recent examples of its use are documented, finally one of these examples is put under the microscope to find ten small actions that went into the performance of the selected quality in the chosen example. Among one participant's initial list was "courage". One of the examples of courage being displayed in her work was speaking to a colleague face-to-face instead of emailing about a difficulty between them, and among the 10 actions she took at this time were reminding herself that face-to-face talking would lead to a better outcome, saying "Feel the fear and do it!", looking her colleague in the eye from the start, thinking of some positive feedback to give the colleague alongside the criticism, and so on. With time it was clear that each participant would be able to come up with one thousand specific and enactable leadership skills making 24,000 in all.

So while solution focused therapists are interested in their client's strengths many will see them as doorways into descriptions of action rather than entities in their own right. Many would also argue that identifying strengths is in itself not the purpose of the work: the purpose is to find out where the client wants to get to, help them see possible ways forward and discover how far they have already come: the strengths are not the journey, they are more like the suitcases that carry the possible actions that might help the client arrive at their hoped for destination.

In this week when Michael White has died it seems only fair to acknowledge that he too saw the importance of detail, in the process which he called "thickening the description". He argued that we have plenty of language for giving "thick" descriptions of problem behaviours but that we are a bit thin in our description of helpful behaviours. Everything written above would fit with White's notion of thickening descriptions.

DISTRIBUTION NEWS

Solution News is still pretty popular. As at 19.04.2008:

The total number of copies of Solution News October 2007 issue downloaded from the web-site was 995. The total number of first time visitors to the Solution News web-site since launch was 8,131

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The SFT-L international discussion list is at
http://www.lsoft.com/scripts/wl.exe?SL1=SFT-L&H=LISTSERV.ICORS.ORG

SOLUTIONS-L is an international discussion list for those using a solution focused approach with organisations. It's at: **http://www.solworld.org/index.cfm?id=5**

The Brief Family Therapy Center (Milwaukee, US) website is at **www.brief-therapy.org**

Solution focused therapy with carers

This report is an extract edited from an end of project report to Worcestershire Social Services, of a project to provide Solution Focused Brief Therapy to carers of people with long term physical and/or mental health issues.

Paul Hanton is self employed and works 10 days per month in a variety of settings, including: An NHS Psychology Department, training and consultancy work. He is a member of the UKASFP general committee.

Background:

Worcestershire Social Services Directorate Commissioning strategy for carers, 2005-2008, strategic aim 12: Improve the health and well being of carers through provision of access to a range of listening and counselling services.

With this aim, a tender was awarded to Paul Hanton Consultancy Services to provide Solution Focused Brief Therapy to carers in Worcester to a maximum of 5 sessions per carer with the aims of providing in a 12 month period: Minimum of 30 sessions, maximum of 150 sessions reaching target of 30 carers (clients). The service was intended and 'badged' as a pilot project, though has not been continued due to lack of funding, this appears to be being addressed. It is useful to note here that the main 'driver' for this project and a real advocate of the solution focused approach was Nick Gayton, who has since left post.

The project started in April 2007 and 13 visits to Worcester were made in the 12 month period resulting in 33 carers being offered the service, and 104 therapy sessions being offered.

Whilst it was not by design, an interesting situation occurred throughout the provision of the service where other services offered by the carers unit, such as stress management courses and assertiveness courses, 'dovetailed' in to the provision of the therapy service and provide a de facto care package. This is something that will be addressed in the recommendations section.

All therapy notes, pre and post intervention DASS forms have been sealed and remain with the Carers Unit, to be kept for 6 years and then destroyed.

Statistical information:

Thirty three carers were offered the service, of which three did not attend the first session (DNA) and one cancelled before the first session, leaving a total of 29 carers that attended at least one session, or an initial attendance rate of 88%.

Of the 104 sessions offered, 4 were initial DNA's, 14 were cancelled by clients due to; floods, transport issues and illness, and 7 further DNA sessions were recorded (those clients that had initial DNA's being offered subsequent

sessions, plus two people who simply 'forgot' their appointments), this leaves a total of 79 sessions which are counted as 'attended'.

Of the 29 carers that attended at least one session, one carer dropped out due to a serious and enduring illness and a further three dropped out during the course of therapy after 1, 3, and 2 sessions. This means a DNA rate of 10.5%, or completion rate of 89.5%, which is very high in therapeutic terms.

Of the 28 clients (excluding the client with a serious illness), 25 completed the therapy they felt they needed (89.5%), and 21 completed their post intervention DASS sheets (completion rate of 85%); the completers that filled in post intervention forms (85%) compares well with the expectation that only 50-60% (McLeod, 1999) would normally complete.

19 clients showed some improvement (one remained static and one felt worse at discharge point due to a situational event). Of the 19 that showed improvement, the average improvement using DASS forms was 46.14%, ranging from 3%, to 91.25%. Even including the two that did not show improvement, the average improvement score was 40.50%.

The average number of sessions utilised by completers was 2.88 (72 sessions divided by 25 people).

A separate summary of statistics including Carer initials has been sent to the Carers Unit as a confidential document to preserve the anonymity of the carers that used the service, but to allow the Carers Unit to know who received services should there be any 'follow up'.

Qualitative information:

There is some clear qualitative, if anecdotal information that can be provided by the author:

Case 1: Whilst the client did not complete a post intervention DASS form, they wrote a letter to the service provider thanking him for the work, telling of how they were feeling much more able to cope, and that they could not attend the last session offered as they were away on a course, which was indicative of the fact they were out and enjoying life more.

Case 2: This client had been contacting the carers unit on at least a weekly basis before attending the therapy sessions, resulting in several home visits and quite a lot of demands on the time of one particular staff member of the carers unit. Post therapy they have contacted the unit only once to book onto an assertiveness course.

Case 3: This client talked about guilt being a 'hot potato' so a between session task was agreed where they would go for a long walk on the hills (their idea) and would take a potato that had been in the microwave, so when they felt guilty they could throw it on the ground, symbolising getting rid of their guilt (therapist idea), they did this to much amusement and reported back how successful it had been.

Themes:

There were several dominant themes that were present in many of the therapeutic interactions;

Firstly, that of guilt, many carers felt guilty about doing anything for themselves when their view of themselves as carers was that they had to be tireless, altruistic individuals that lost their own identity and assumed the total identity of carer. Whilst 'dealing with feelings of guilt' may seem outside the realm of a solution focused practitioner, this was addressed by looking at the 'helpfulness' of those feelings related to the individual clients 'best hopes' and helpfulness of guilt in enabling them to cope better as a carer.

Inevitably these feelings were not seen to be helpful, so what was looked at was what might be more helpful than guilt, and in most cases it was being able to feel that they were coping as well as they could given their situations, so that was actively explored.

Another theme, as alluded to earlier was a loss of identity, this was addressed primarily through problem free or 'strength and interest' talk, getting people to talk about what they liked, or used to like before being a carer, what helped them to relax now, how they knew who they were and what made them who they were. Some fantastic resources, interests and strengths were uncovered, from the person writing a 'carers diary' that they were about to get published, to the person who had decided that a new carpet would make all the difference to them, to the person that started going to see big bands for the first time in over 20 years.

The final theme which was evident quite a lot was that of only dealing with the here and now, and a distinct lack of perceived preferred future, this is something which SFBT works well on. Many of the people using the service commented at the end of their sessions that they were now looking forward and had some things that did not seem so hopeless in their futures.

I think it is also essential here to talk of one theme that was evident in every carer that was seen, that of resilience and resourcefulness. The stories that were told were at times distressing for the client, and distressing to hear, and yet there was an incredible level of strength shown by every single carer, even if they were not immediately acknowledging of it. It was humbling for the therapist to hear and made the task of reflecting back said strengths and resilience easy.

In addition, all carers reported not only how useful it was to see someone outside of their immediate situation to 'talk things through', but also how helpful the Carers Unit was in general.

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Solution Focused Practice in Palestine

Guy Shennan relates his experience of providing SF training in Ramallah

Some of the things I most enjoy about attending conferences are the opportunities that they provide for meeting others interested in the solution focused approach, and the possibilities offered by chance meetings. At the UKASFP conference in June 2007, I met Hur Shehabi, a Palestinian social work student who had come across the approach during her Master's course at the University of Durham. Hur attended an introductory course at BRIEF several weeks later (and as the photographer visited that week, she ended up being pictured on the leaflets advertising our one-day conferences!), and we talked of the possibility of my visiting Palestine to run some training courses in solution focused practice. Shortly after she returned to Jerusalem later that summer, Hur started work at the Palestinian Counseling Center (PCC), and when they heard her positive reports about the solution focused approach the possibility turned into a reality; I was invited by the PCC to run two introductory courses in January 2008 for health, social care and educational professionals from Jerusalem and the West Bank.

"An early similarity with UK training as being confronted with late arrivals; except that this was the first time that it had been due to having to negotiate military checkpoints"

When I arrived at the Dr Fathi Arafat Conference Center in Ramallah for the first morning of the first course and met Reema Shwaiky, head of the PCC capacity-building department, I began to get a clearer picture of the centrality of the organisation within mental health services in Palestine. The Palestinian Counseling Center was established in Jerusalem in 1983 by a group of psychologists, sociologists and educational experts to develop and improve mental health concepts and services in Palestine. It is a community-based counselling and consultancy organisation that advocates for positive mental health and well-being for Palestinians, and now has six branches in Jerusalem and across the West Bank. Capacity-building is one of its core functions and the training I was to provide had been offered to staff from a wide range of agencies as well as to PCC employees. About 60 professionals attended the two courses, including psychologists, school counsellors and social care workers, from NGOs, UN agencies and the Palestinian

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For more information about the Palestinian Counseling Center, visit www.pcc-jer.org

Authority Ministries of Education, Health and Social Affairs.

The training presented a number of challenges and yet my overall experience as a trainer ended up in many ways being the same as when training in the UK. An early similarity was being confronted with late arrivals after I had launched people straightaway into their first exercise – except that this was the first time that lateness had been due to having to negotiate a journey to a training venue through several checkpoints. I was told by Reema that beginning with an exercise was something that the participants would not have come across before, and I became conscious that the initial experience of difference would be on both sides. I have often claimed on behalf of the solution focused approach that it is relevant in all cultures, and yet standing there, that first morning in Ramallah, my confidence in this claim became a little shaky. On the first course in particular there were few English-speakers and all that I said was translated. While the participants were engaged in their first exercises, I felt that I had to trust to faith firstly that they had understood my instructions and second, that they would find the exercises useful and relevant.

It felt important to connect with the group by asking for some feedback following the exercises, and here my anxieties began to be allayed. I asked people about characteristics of the solution focused approach which had emerged from the exercises and their answers had a familiar sound: "specific, focused, doesn't give solutions, asking questions, importance of wording of questions, feedback based on client's words, looking forward, reinforcing strengths…" Other feedback during the training, and comments made to me during breaks, continued to reinforce my impression that the participants were finding relevance for their own work. As I was being driven back to Jerusalem at the end of the first day, an experienced psychologist from the PCC told me that she could see real potential in the approach for Palestinians. She spoke in particular about the usefulness of the attention paid to achievement and of the focus on small details, given the immense difficulties faced by people in their everyday lives.

Working with interpreters, who translated everything said, from English to Arabic and Arabic to English, had the effect of slowing the courses down, and a course running from 9am to 3pm over two days became in effect a one-day course. I was therefore further encouraged by the feedback of two YMCA workers, who told me that they felt that they could use bits of the approach though not all. I often hear this comment from trainees, especially after a one-day course, and I would not expect people to be able to use the whole approach after this amount of training.

Given the language issues in particular, it was not easy to demonstrate the approach. I tried different ways of doing this, including showing extracts of a session on video, which I had transcribed in English to assist the interpreter; showing session extracts which had English subtitles; and doing live demonstrations of different solution focused techniques, firstly with the interpreter and then with volunteers from the group. As each question and answer had to be translated it was a slow process and I found it difficult to hold the group's attention, especially while video extracts were being shown. I felt that the most useful demonstration of the approach happened during a spontaneous role-play on the second day of the second course, in Bethlehem. Some of the group were trying to get to grips with my explanations about not beginning by enquiring about the problems a client brought to a session, and that instead we "got down to business" by asking the client about their hopes from the work. A counsellor asked how this could be done with one of her female clients who had been subjected to horrendous abuse. Rather than trying to explain further, I asked if she could role-play her client at the beginning of a first session. It went something like this:

> "What are your best hopes from this work?"
>
> "That you will listen to my pain and understand it."

"And if I were to listen in a way that was right for you, and you felt that I understood, what are you hoping that this would lead to for you?"

"I want to get revenge (on the person who abused me)."

"You must have had a terrible experience. If you felt that you had got revenge, what difference are you hoping that would make for you?"

"I would be able to return to my life."

"OK, so, if your talking with me were to help you to return to your life, would that make this useful for you? "

"Yes."

Showing how I might begin the work in a situation actually faced by a person on the course helped to bring the approach alive and make it more real (you could hear a pin drop during this particular demonstration). Following this, others were keen to ask about how the approach could be utilised with clients in dire situations – and of course the people attending the training were working with clients in the direst of situations. Conversations about possible responses to a young person who was talking about killing himself, or to someone who felt at their worst – at 0 on a 0 to 10 scale – led to talk of coping and survival, and this invoked for the Palestinians their notion of summoud – steadfastness.

I learned a lot from the training myself, about Palestine's mental health services and the context in which they are working. There is a strong emphasis on community-based, preventive services, working with groups, for example of isolated parents or of young people at risk of getting into trouble. Counsellors or mentors are employed in both UNWRA and Palestinian Authority schools. The volunteer interviewee for a demonstration of scaling talked about his project of developing a service for children who had been sexually abused, and of the ways that he was slowly gaining community acceptance of the need for this service. With regard to the context, having to take a long detour (around the separation wall) to Bethlehem from Jerusalem, because Reema was not allowed to drive along the direct route, and returning to Jerusalem through checkpoints, gave me a small insight into the difficulties faced by the Palestinians in travelling to work, courses, or staff meetings.

People were asked for their views at the end of the training and the general consensus was positive, that the solution focused approach could be used in the Palestinian context, and that they would welcome further training. Several people have contacted me since the course, some to mention their use of the approach, including Anan Srour, the head of PCC's clinical department, who said that the techniques he had tried had seemed comfortable both to him and his client.

Some acknowledgements - Anan also acted as an interpreter on the Bethlehem course, as did Hur, and two other interpreters worked with me on the Ramallah course. I am grateful to all four, who did a demanding job so well. Reema, Hur and other PCC staff provided me with wonderful hospitality during my stay. I also enjoyed meeting Siham, the head of PCC's PR department. Siham asked me to write some of my impressions of the training for the PCC and these ended as follows:

"Finally, a note about the future. From my perspective this was an excellent beginning in introducing solution focused practice to mental health professionals in Palestine. I hope that those who attended the training have now got a 'feel' for the solution focused approach, and that they feel it might indeed be relevant and potentially useful in their contexts. It is however only a beginning and I agree wholeheartedly with the many comments made about more training and input being needed, if people are to be able to make best use of the approach. I have returned to the UK excited and encouraged about the way people responded and engaged with the approach. I would be delighted to be involved in providing further input to help to develop the use of solution focused brief therapy in Palestine."

Gnu-where to be seen!

Well I think they've finally hoofed it, and this time, maybe for good? Those generous gnus have packed their o-packies and left town, not even leaving a scrap of straw bedding lying around the solution news offices to suggest they may one day return to rest their furry rumps and offer up further wildebeestian wisdom. Perhaps the weather did it – the cloudy country that is the UK certainly can't compete with the sunny Savanah of their homeland. Maybe they were just 'blue'? I've heard that about gnus. Whatever the reason, we are left adrift in a sea of questions without answers, so I though I'd better have a crack at getting our departing editor to answer this month's question instead...

Dear Gnus. When I'm running workshops trying to teach solution focused skills, I keep finding people who find it really hard to NOT tell people how to solve their problems, although this doesn't seem very solution focused. What's going on?

Ian didn't gnu, but he had a clue...

You're not the only one to have come across this problem. Most people who seek training in solution focused working are already professionals – in social work, healthcare, education or business – and most have been trained as professional problem-solvers – experts who know the answers and are used to being looked to for advice. The fact that we ask people to AVOID doing this is one of the most radical departures in solution focused working, but it is often not explictly highlighted as such when the approach is being taught, which can lead to confusion. So, firstly, I'd suggest that you should point out this difference very plainly to anyone you are teaching about SF approaches. The other reason I suspect that people persist in trying to solve problems for their clients is that on the face of it, to not do so seems, well, a little crazy. So why do solutioneers avoid doing this? Perhaps thinking about the ways problems are solved might help here.

Traditional theories of social problem-solving suggest that there are a number of stages one goes through to solve a problem, which roughly are: (1) define the problem, (2) identify previous experiences where similar problems have been encountered (3) work out solutions that worked then (4) see if these solutions are likely to work for the current problem (5) select one (6) try it out. The difference in SF working is perhaps that whereas traditional problem-solving assumes the client has done (1), and that our job is to do (2), (3) and (4) (And maybe (5)) for them, SF practtioners instead assume that (1) is actually where peoiple get stuck, and if you instread devote most of your time to helping your client do that really well and then add a bit of help with (2), the client will then be perfectly capable of (and in fact will be best placed to be) doing the rest themselves.

See and learn more about gnus in the wild here.

United Kingdom Association for

UKASFP

Solution Focused Practice

UKASFP Chair: Steve Freeman

Following the success of previous sell-out National Conferences, we are pleased to announce….

The 5th National Conference and A.G.M:

Are we there yet?

…..have Solution Focused Therapies/Approaches reached maturity in the UK?

Thursday 12th June 2008 (evening): AGM & informal get together
Friday 13th June 2008 (full day): Conference.

Keele University, North Staffordshire. www.keele.ac.uk

Keynote speech:

Moving forward in a complex world: developing the solution focused profession

Professor Stephen Palmer PhD FBACP FAC
Director, Coaching Psychology Unit, City University, London
Co-editor of the Handbook of Solution-Focused Therapy

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Following the success of the previous sell - out National Conferences,

the UKASFP advises early booking.

COST (Including lunch and refreshments):
£50 TO UKASFP MEMBERS
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For details and registration please contact:

winleach@hotmail.co.uk or DominicBray@blueyonder.co.uk

The 5th National Conference - June 2008

Booking Form

***Name:**

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I would like to come to the National Conference and enclose my cheque payable to UKASFP for:

£50 UKASFP member: ☐ ***Membership No:……**

£80 Non – member: ☐

Accommodation is available on a Bed and Breakfast basis – please tick if required at a cost of:

Ensuite @ £32.95per person ☐ **Standard @ £21.90 per person** ☐

Please read this: Unfortunately we are no longer able to raise invoices; therefore this booking form must be accompanied by a cheque to ensure a place. All applications will be checked against current membership and will not be accepted at the members' price if membership has expired; if it has expired, first please rejoin at www.ukasfp.co.uk. As the conference may become oversubscribed, if we have run out of places by the time we receive your application, we will contact you; otherwise a receipt / confirmation letter will be sent. Guided conversations places will be allocated on the day on a first come, first served basis on the day.

If you have any special dietary requirements please indicate in this space: -

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Win Leach, Psychology, Main Corridor, Royal Preston Hospital, Fulwood, PRESTON PR2 9HT.
winleach@hotmail.co.uk

(*These items must be completed)

MEMBER NEWS

This section is for members to let people know about what they've been up to or is happening for them, and for requests for help. If you have an announcement, please post it to: news@solution-news.co.uk.

Announcements this issue:

John Wheeler sent us a brief report on the 1st Solution Focused World Conference, Aruba, 10 - 12 April 2008

"I and Marie attended the conference in Aruba. And delivered a pre-conference workshop on working with troubled familes to a group of 15 practioners mainly from Aruba and the neighbouring island of Curacao. Elsewhere Arnoud Hubers and Harry Korman were teaching SF management skills to senior officers in the local police force and Danny Janssen was sharing solution focused ideas with service users and service providers of the local service for people with visual impairment.

In the conference Steve Langer presented spine-tingling examples of how counsellors he had trained were helping people deal with the extraordinary challenges arising in Uganda and Palestine. In Uganda, for example, families were struggling to accept their grown up children who had returned from being child soldiers. The Miracle question and scaling helped people identify small signs of reintegration. Widows who had virtually no power needed hoes to produce crops, but other people kept stealing them. A scaling question helped them figure out how to maintain ownership of their hoes. Steve's website www.nwbttc.com says more, including his experience of organisational work.

Tomasz Switek and Jos Kienhuis shared their experience of being part of a collaboration between universities in Holland and Poland and solution focused trainers, (including our own Martin Fletcher), to train a group of practitioners who are now delivering their own training into various settings including education, health and social care.

The third day was set aside for research presentations. Steve Langer pointed out that the solution focused approach now has the advantage of a "dream team" of researchers, Cynthia Franklin, Johnny Kim, Sara Smock, Adam Froerer and Janet Bavelas. Harry Korman has also become an active member of this group bringing his own expertise in research and everyday experience of using the approach in practice. Its exciting to have a group who are eager to generate the range of data that is necessary for the solution focused approach to be taken seriously. Did you know, for example that when you compare CBT with solution focused therapy you find that the CBT practitioner talks twice as much as the SF practitioner?; That in CBT the ratio between positive and negative comments is 18/25 compared to SFBT where the ratio is 56/6?; That where positive and negative comments are mixed you find that the CBT practitioner starts with a positive and finishes with a negative whereas a SF practitioner starts with a negative and finishes with a positive? In training I'm sometimes asked if there's anything distinctive about SF working, or whether its the same as CBT. Well, here were some answers!

Harry presented on patterns he has noticed in his own work and the work of Steve de Shazer. For example, when the client says a whole paragraph of things, his, and Steve's, next comment will

show that they have done one or more of the following: deleted something that was said; preserved something that was said; added something, or transformed something. Look at the tapes, look at your own practice and you are likely to see many examples of this. And of course every practitioner does this. This is where models and the practitioner's use of a model becomes clear.

And of course there was the constant warmth, cool breezes, spectactular beaches and the friendliness of the local people. Aruba takes great pride in naming itself "One Happy Island". An ideal setting for a gathering of folks who love SF. A huge thank-you is due to Arnoud for steering this gathering from a dream on the SF List into reality"

Steve Freeman wanted to let us know that the Staffordshire 'Community of Solution Focused Practice' is going well, with the last interest group meeting well attended by people from around the county from all areas of solution focused work: nurses; carers; managers and counsellors among others. The community also has a new, improved SFA website up and running at www.solutionfocusedapproaches.co.uk. There are a number of new features including an interactive map to show areas of SF practice in the UK. The website lists details of the next interest group meeting, to which all are welcome to attend, no expertise needed!

Sarah Wilshaw and Steve Freeman have had an article accepted for publication in the Staffordshire Medical Institute Journal. Steve has also co-authored a chapter on SFBT in a new book on sexual dysfunction due to be published uin June 2008.

Carl Plant wanted to let people know that he has been developing a group-based intevention "that mindfully co-constructs small steps to a preferred future based on past successes" called Stepping Stones, which integrates solution focused and mindfullness ideas. He will be hosting a conversation at the UKASFP conference on this topic.

John Wheeler let us know about a two-day Michael Durrant workshop that BTNE are hosting, called "Simply Solutions: Staying true to Solution-Focused Thinking". This will be taking place 22 & 23 September 2008 in Newcastle-Upon Tyne, UK. The workshop will seek to place solution focused brief therapy within insights gained from the broader strengths and resilience research (while also being clear that SFBT is more than just a "strengths-based" approach). Contact John Wheeler on John@johnwheeler.co.uk for details.

NEXT ISSUE?

Steve Freeman says:

"James McAteer, Tammi and Rosanna at Combine Healthcare's Media and Communication Department are working hard on the inaugural Solution Focused Research Review. This is a collection of peer reviewed articles on research projects completed as part of completing the MA in SFBT course at Birmingham. We already have a couple of pieces for the next edition which will contribute to the evidence base for the approach and make a good read too".