

## **The Peregrine Centre Rural Mental Health Podcast**

Episode 28. Getting Started with Solution Focused Therapy

### **Speaker Key:**

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Intro Hello. I'm Dr Rebecca Sng, director of The Peregrine Centre. As we begin this episode of The Peregrine Rural Mental Health podcast, please join me in stopping to consider the land beneath your feet, wherever you might be listening from today. Let's take a moment together to acknowledge the traditional owners of that land. We pay our deepest respects to the elders of the past, those of the present, and the emerging elders of tomorrow. The Peregrine Rural Mental Health podcast is brought to you as part of our rural mental health partnership with New South Wales Health.

CM Hello, and welcome to this month's episode of the Peregrine Rural Mental Health podcast. I'm Caitlin Miller, I'm a clinical psychologist and research associate at the Peregrine Centre. Today on the podcast, we're talking brief solution focused therapy. And joining me today is Ian Johnsen. Welcome, Ian. Would you like to introduce yourself and maybe provide a bit of background for our listeners?

IJ Hey, Caitlin, thank you. I'm Ian Johnsen. I live and work in Wollongong largely. I've got a background in family therapy, and I became interested in solution focused approaches about 25 years ago, that's when I became a psychologist. Before that, I was working in child protection, in substitute care, residential care, youth refuges, places like that. I spent, on and off, over about 25 years up on the streets of Kings Cross.

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So, working to remove kids who are at risk from risk-taking situations, and then doing casework in the inner city. I think that work made me very pragmatic and very much interested in what I could do in the moment to make a difference. Some years after I quit that job, a friend bumped into me and she said, we have an Ian Johnsen-ism in our house. I said, what do you mean? And she said, don't you remember what you always used to say? And I was, no, I have no idea what you're talking about. And she said, "is it useful?" And I said, oh, yes, I did say that.

So, with that interest in mind, and with a background, undergraduate degrees in psychology and sociology, I started to look for a family therapy-oriented course. And was lucky enough to meet Michael Durrant, who's probably the leading solution focused practitioner and trainer in Australia, he was running that course. I took to it like a duck to water, we became friends. Michael got me involved some-time later in doing training with him and I've had a lot of consultation work and other work from that time.

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So, I've been working with numerous teams in child protection, residential care, working with youth, families, women's health and, of course, I do private practice

work. So, a couple of days a week, I'm still working at the coalface with clients. Bulk billing, doing consultation, or what's sometimes called supervision but I call reflective practice work, with teams. Looking at their practice and using solution focused ideas.

CM Thank you. It sounds like you will be excellent at being able to give our listeners an understanding of what to do in those really chaotic environments, where you might only have a short time with a client, but you want to be really impactful. This episode is part of a larger series that we're doing called Getting Started With... All about providing an introduction to different modalities and skills that mental health practitioners can use with their clients.

Before we dive into the five questions that we run through in each episode, can you just start, Ian, by telling us really briefly around what is solution focused therapy, and how is it different to other modalities?

IJ Sure. A lot of modalities in counselling or in psychology are about identifying universal abstract ideas or theories, and then using those ideas to guide the work or the intervention. Solution focused therapy is not like that. It's an idea about what happens in conversations between people, and how those conversations can be useful in moving people towards the change that they want to see, as efficiently as possible.

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It is in the same family as many other brief approaches and it comes from the work of Milton Erickson, and the MRI, and other groups. There's some discussion about whether it's... there's a book, in fact, called Positive CBT, which is really about solution focused work. I would argue, but I would say CBT and some of these other approaches are not in the same family therapy group as solution focused work is. So, not just different branch same tree, different forest, I would argue.

Some people would toss that around a bit. So, it's unique in that way. And some of the interesting work, once you get into the ideas a little bit, use microanalysis to actually look at what solution focused therapists do that is different from, say, what a CBT therapist might do, or someone using a Rogerian, or a motivational interviewing technique. So, they're actually looking at moment-to-moment what the differences are between those approaches. If you're interested in, how is it different, having a look at some of that microanalysis stuff is worthwhile.

CM Yes, it sounds super interesting. Thank you. I have asked you to bring along five resources that you think would be helpful for someone thinking of getting into solution focused therapy. Now, as you said to me when we were setting up this interview, we could talk for two hours just about this topic, but we know that we want to keep episodes short and sharp. So, talk me through what your first resource is for someone who just really wants to dip their toes in.

IJ Right. Well, nowadays of course, going to websites is a pretty good place to go because from there you'll find almost everything else. I think if you went to the Brief Therapy Institute of Sydney website, click on, useful links, and there you'll find links to people like Harry Korman at SIKT in Sweden and his articles. Very

helpful, really interesting thinker. People like Ben Furman in Finland. Again, playful, funny, good to read. Has a very early book called Solution Talk: Hosting Therapeutic Conversations that's quite fun. There's many links there.

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The other one that's really worthwhile, I think, is the link to BRIEF, which is the Harvey Ratner, Chris Iveson and Evan... I've gone blank on Evan's surname, but anyway, in London in the UK. Those guys have been practising and trying to sharpen the model using Occam's razor, trying to make it simpler, trying to cut out what they can, and their writing is very clear. So, if you wanted a good introductory book, they've got one called A 100 Techniques... Key Points and Techniques, Solution Focussed Brief Therapy. It's a fairly recent book, and that's a really good book to start with.

And as I mentioned, Ben Furman's early book, and Walter and Peller have got a really lovely early book as well. But there are literally hundreds of books around solution focused therapy.

And if you're interested in, say, working with people with Aspergers, there's books around that. There's books around using the approach in confrontation and violence. There's lots of books around working with children, working in schools, substance use, group work. If you go to those websites you'll find many other useful books. As I said, I particularly like Harry Korman's work from Sweden at SIKT, S-I-K-T, and Ben Furman always makes me laugh, which is a good starting point.

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CM That's a nice modality, that can make you laugh.

IJ Yes. And then the guys at BRIEF are terrific. Their writing is really simple, and they really are looking at what is the state of art in solution focused therapy. A lot of these people work together as well. So, there are articles across the solution focused community pulling together ideas and having, not arguments, but little discussions and points of difference, which are quite interesting if you get into the field a bit.

CM It sounds like there's a few recommendations there around, I guess, strategies or particular ways of working in that solution focused framework. And then there's also really specific, if you're working with offenders or specific population.

IJ That's right. The beauty of the books that are looking at... I mean, the principles are the same. Some people have slight differences in the way they go about applying some of the principles in the, say, use of language. The beauty of the books, looking at the different areas, is that they've often got transcripts. So, you can really see how the conversations unfold and how the principles are applied. That's helpful if you're a novice and you're working with that particular group. You might think, well, what do you do in this case, when this person says this, how do I respond?

So, being able to read through some transcripts and they normally discuss the typical problems that come up. People getting stuck and not knowing how to

answer the question, and the therapist then getting stuck and sliding into giving advice or doing some other things that we typically do when we feel stuck.

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CM Wonderful. You've touched on a few concepts already, even just in mentioning the beginner resources that people might be interested in. Ian, if you were to identify four key concepts for working with solution focused therapy, what would they be?

IJ It's a bit of a toss-up but probably the main thing is to begin with the end in mind. The most widely spread idea in, I guess, somewhat recent developments, is the idea that we start by asking our clients about what their best hopes are from the work together. We say, from the work together, rather than for the work together, because we want them to be orientating to what's happening outside of the therapy session, rather than thinking about the process of the therapy.

I don't know if it makes such a big difference, but that's the reason that they argue that it's from, rather than for, even though grammatically that can seem a little unusual. That idea is really important. And it's the idea that if we don't know where we're going, we're not going to know when we get there, or if we're on track in getting there. Chris Iverson talks, he uses the metaphor, if you get into a taxi, the driver says where to, not where from. So that idea is probably one of the most important things, and it nearly always happens in the first 15 minutes of a conversation.

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It may not be where you start because you might want to do, what they call, some resource talk. It used to be called problem free talk, getting to know someone and getting to know a little bit about a context of their lives. It's helpful if you ask it early on because if you don't know what the person is hoping for, you don't know what to listen to and to pay attention to, in order to shape the conversation, and we are trying to shape the conversation. The idea that we're passive, or that we're not trying to influence things, is nuts.

People are coming to see us because they want something different. They want to make a change and we need to find out what they're hoping for and why they believe that's possible. What's already working, that kind of thing.

CM Okay. So, a real focus on building the picture of what the end looks like from that beginning conversation.

IJ That's right. Then starting there, the next most critical thing is trying to develop an accurate picture of what their preferred future looks like. So, and again, that's a little bit unique because often, as you know, when people come in for counselling, their expectation is they're going to talk about their problems.

A lot of people have a view that they have to understand their problems in order to move towards a solution. But, of course, they've already done a lot of thinking about their problem, so it might be more helpful if they do a bit of thinking about what their preferred future looks like without the problem. And, indeed, that pretty often turns out to be the case, that people very quickly move towards

feeling hopeful and talking about what's important to them and why.

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I'd say that was the second idea, trying to build a strong picture of the preferred future. The third idea, I'd say, is that people always have the resources they need to solve their problems even if they don't know it. As Milton Erikson used to say, there's nothing wrong with you that what's right with you can't fix. Which is a lovely, lovely saying. Having that resource and competency belief, and going slowly with people to explore what's been working in their lives? Why they believe something is possible? What's important to them? What their skills and values are? But not as abstract things, in the concrete sense.

When people talk about something in their life you might reflect back, that sounds like that's important to you, or can you tell me a bit more about why that's important, or how did you come to value that as much as you sound like you do? So really bringing forward skills, resources, values, because they're going to be useful in the conversation. They're going to be the starting point. What we really want to know is, what are you hoping for? What's working towards that? What's that look like? What are the next small signs or steps? So, those ideas all sit together.

I think maybe the fourth really useful idea is not to go too fast. Harry Korman has a nice saying that when things appear to be going slowly, slow down. So, again, that's an assumption more about the work together than to actually what things look like.

Harry always has a really nice way of working. He will lean forward and put his hand over his mouth and look interested, but with his hand over his mouth, and he's waiting for the person to take a turn. He'll speak slowly and carefully because he's taking what the person is saying seriously, and he's trying to hold his own ideas back and listen and wait for the person to come up with the ideas.

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So, I think the idea of going slowly in solution focused work is a really important idea and really consistent with some of those other ideas, as believing the people have the resources. And if we go slowly and we wait and we ask good questions, that'll come forward.

We sometimes say that, well, I sometimes say, a good question is a question that you don't know the answer to, that's for sure. But it's often a question the client doesn't know the answer to, or the person we're talking to, I would usually say, doesn't know the answer to. That is, that they have to stop, think, reflect, go inside and construct the answer in the conversation, rather than just come up with it like that.

Again, we can contrast that to say, CBT, where people might use a Socratic questioning technique. So, they have an idea in mind and they're asking questions to lead a person to a particular point of view, which is more expert driven. It's not necessarily wrong, but it's different from what you're doing in solution focused work.

CM Solution focussed work sounds like quite a reflective space. Is there space within that if, say, a client is coming in and they may be saying, I don't have the skills, or I need some sort of more practical things, is that a space where solution focused therapy goes as well, or does it stay more in the reflective space?

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IJ No, it's very concrete and pragmatic, but it is necessarily reflective. Because if people already knew what they needed to do, they'd be doing it. Equally, of course, the fact that people have come in suggests that they want to have the opportunity to reflect and figure out what they're doing. But the fact that they're there and alive, means that no matter what's been happening in their lives, they've been responding to it in some way that's allowed them to survive to this point.

This goes back to our belief that people have the resources. People may feel that they're not coping and, of course, maybe they're not, but they're still doing something. And nearly always, when we ask about what people are doing, they're trying to create safety, they're trying to care for others, they're trying to restore or protect their dignity.

CM Something adaptive.

IJ Yes. So, those things are really important and, again, they're starting points for actually helping people to say that they, in cases of violence, people are not passive victims. They're actually being active, trying to create safety and trying to uphold dignity, trying to care for others. Often not successfully, in the sense that the violence has still been happening. But they have those resources, and we can bring those forward in the conversation.

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What we try to do is build the most fully accurate descriptions of that preferred future, but also of what's already been working and what has worked in the past, what's working in the present, and what their ideas are about what the future might look like. The more accurate descriptions we can build of those things, the more people will get in touch with their skills and resources, and the more they'll move towards the picture that they're describing if we can make it concrete and real.

We're trying to get away from abstractions and theories, and psychological understandings, and get right back to what people are doing that's actually adaptive, as you said.

CM Yes. Wonderful. I guess you've maybe touched on some of these ideas already as well, but sometimes I think it's difficult to know whether to dive into something like a solution focused therapy with a client. What do you think are three signs that a client or someone coming to see you might benefit from this type of working together?

IJ I think everyone benefits from it as long as the therapist is comfortable with the ideas, because it's not helpful to start somewhere and then panic and bail out. Of course, sometimes you'll get stuck for whatever reason because

conversations are imperfect and we make mistakes and we miss things.

If you're finding out what people are hoping for in the conversation, people... I mean, the most common answer there is, I don't know, of course. But, how did you decide to come? Who else do you think might have thought it was a good idea for you to come? What were they thinking? How would they know if the outcome was successful? Let's suppose that I bumped into you in a year's time, and you said, I'm really pleased I had that conversation with you, what do you suppose might be different in your life for you to say that? There's lots of different ways of beginning to unpack those questions.

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I've never really met someone who, if we stick with trying to figure out what someone's hoping for, we can't come up with something that starts the conversation. I can think of a couple of examples with people who are extremely marginal, where the therapy doesn't look like it normally does, but it's the same principles apply. You're sitting with people, you're going slowly, you're being respectful, you're showing an interest in what they're hoping for. And if they come back, that tends to suggest that they are some sort of customer for change. They're finding something useful in the conversation.

There certainly are books on working with people with long term mental health conditions. Sometimes people will say things like, oh, solution focused, well you wouldn't use that for a serious problem. That is not the case, it's been used. There's quite a lot of research around the efficacy of the approach now. So, again, Alastair MacDonald, there'd been links on Michael's website to Alistair's work in the UK. He's done a lot of research and amalgamated a lot of the research.

CM And for those clients, Ian, does it still remain quite a brief intervention for clients with significant mental health concerns?

IJ This is a big question. How brief is brief?

CM Yes, what does brief mean? How do you define brief?

IJ Some clients I've been working with for more than 15 years.

CM That might fall outside the scope of brief by most people's standards.

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IJ Well, we're not always working on the same thing but I'm still doing the same sort of work. I'm interested in what they're hoping for, how they think that talking about something might be useful to them, what the small signs might be that the conversation was useful. Stopping and checking in, whether in fact it has been useful, what are they going to take away from the conversation. Is there anything I should have done more of, or differently? We often use that too when we're starting off, have you spoken to psychologists or counsellors before? Did they do anything that ticked you off, because it might be helpful if I know so I can avoid that? Was there anything that was particularly helpful? Tell me a little about that. How did you respond to their sessions and the things that they said?

Again, that's digging into people's resources and experiences, and we can use that to guide our own work. And I guess, in terms of, do we... Are you asking about, if we know if the work is helpful or not? One of the things that tell us immediately that we're on the right track with people is that their body posture changes. They sit up in the seat, they start to smile, they make more eye contact. Not always, but very often you see those changes.

I've even had people do things like shake their head in the session and go like, no one's ever asked me anything like that before. And they're finding that helpful, that different way of talking. Not going into abstractions and theories. Not exploring problems and why problems are happening but rather, what are they hoping for? What's working? What's next? What does that look like? I don't have a clear picture, help me to develop a really clear picture of what that looks like for you, this week, tomorrow.

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We have the famous tomorrow question, which is a variation of the miracle question. You know, if you woke up tomorrow morning and the problems were solved, how would you know tomorrow morning. What would be the very first thing that you noticed?

CM Okay. Any other signs that someone might benefit? It sounds like you feel that most people are a great candidate for this type of work.

IJ Not everybody works with everybody. The most important thing is to listen and to ask questions. If someone says they don't like the way you're working, or they don't like that style of questions, or they don't think you're a good fit, then refer them to somebody else, or do something else.

I remember one woman I worked with had a very long history of violence and she told me when I asked, what are your best hopes for our conversation, she said, I want to come back. And I said, I've never had that answer before, what's that about. And it was about safety.

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So, then we talked about what our conversation would look like if it was safe for her. But she didn't actually like things like scaling questions. You know, on a scale from zero to ten, where ten is, your problem's solved, or you have the confidence to solve a problem and zero is no chance in hell. Where are you at now? How come? What's making you a five rather than zero? Whatever it might be.

She didn't like that, so we ended up... She said, can we do something really different? I said, sure. So, we ended up drawing pictures of her feet, with different coloured markers on pieces of paper, and putting them out around the floor. And she stepped between different problems and issues and periods in her life and I basically asked solution focused questions. But she was moving between these things and I was saying, so what's different from when you were here? What were you thinking about that then? When you got here, what do you think about that now? So, I'm still doing solution focused work, but I'm trying to not have a typical conversation in which she feels like there's some sort of therapy by numbers.



CM Okay. When we're thinking about trying out or dipping our toes into a new modality, often it's helpful to know what mistakes other people have made so that we can be wary of those, and hopefully avoid those on our way in. What are two mistakes you often see in this work?

IJ Going too fast. So being solution forced rather than solution focused. So, the whole idea about the focus isn't on problems sometimes means that, there's a lot of literature saying you're not problem phobic if you're a solution focused therapist. It's just that you don't ask questions so much that build on the problem. So, we might ask... I would typically ask questions if people are talking about serious problems. About when that problem was happening, how did they respond? What did they do? Which is probably a response-based question but that, same family, different branch.

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Solution focused therapists would probably go to more, what they would call, coping questions. So, how did you get through? What did you do? How did you decide to do that? I mean, again, they all sit quite well together, they're just small differences in the language use. But certainly, going too fast, and not stopping to acknowledge people.

Bill O'Hanlon says we have to balance acknowledgement and possibility. And I sometimes talk about the coin of change having two sides. We've got to get that coin of change rolling, which means we need to know where we're going, and we need some important value behind it to give it momentum. But more importantly, if it's going to stay up on its edge, we've got to balance possibility with acknowledgement.

So, we've got to make sure that we acknowledge people's pain and suffering and difficulty, but at the same time, it's important to tap into the resources around that, because they're part of what feeds possibility.

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So, balancing acknowledgement and possibility is really important, and it's a part of not working too fast and not being problem phobic, despite taking a solution focused stance. And similarly, as I already said, the idea that when things are going slowly, slow down. People want to rush, or people ask questions, someone gets stuck and then the therapist will typically think, oh, this isn't working I need to give some advice.

Psychoeducation and advice giving is not a big part of solution focused work. What most solution focused therapists do is to tell stories, metaphors, and then if we're... So, we might tell a story and ask somebody, what does that story mean to you? Or we might, if someone's getting a little stuck, we might say, people sometimes, in answer to that question, would it be helpful if I gave you a few examples of the kind of things people often say? So, some people, to answer that question, there's some people would answer it like that, some like this.

There's many different ways. Do any of those make sense to you? Or now that I've said that, what are you thinking about how you might answer that question? So, you can scaffold it a little bit if people are stuck. And, of course, with children,

they're not great abstract thinkers so you'd need to be more concrete.

CM Yes, of course.

IJ So, stories and toys and whatever you've got in your rooms.

CM Yes, I think those are two really nice examples of things to look out for that, in other modalities, we might be encouraged or pulled into doing. That potentially more, sort of, providing education or taking that expert stance.

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IJ Yes. It's not necessarily wrong, but it's not part of the solution focused frame. Sometimes you move outside of the frame. If you want to work in a solution focused way it's important to recognise when you're not.

CM Absolutely. Okay. We've covered a lot in the last 30 or so minutes. But, Ian, what would be, if you had to distil it down to one takeaway message that you'd like people to remember leaving this episode about brief solution focused therapy, what would that be?

IJ Have faith in the process. Have faith in your clients and the process will deliver the outcomes if you ask the right questions. Listen for competencies, skills, what the people want. Build on that by asking good questions. We say, listen, select, and build. So, select out of what the person says, what's helpful and consistent with what they are hoping for, and then ask the next question to build. So, listen, select, build. In order to do that you've got to have faith in the client and you've got to stick with the process.

CM Wonderful. That is a great takeaway message. Thank you so much for your time today, Ian. It's been wonderful to learn a little bit about this modality. I think I've learnt a lot about the orientation of the therapist and how they orient the client to that work as well.

I hope that this conversation has sparked some understanding for our listeners. A reminder that we will have all the wonderful list of resources that Ian mentioned, and a transcript of this episode to access on our learning portal, the Peregrine portal, as well. You can sign up for free access to these resources as well as our whole library of other resources, podcasts, practice toolkits, and information about upcoming training that we're supporting. Thank you again, Ian, for sharing your knowledge today. It's been wonderful.

IJ Thanks for inviting me. My pleasure.

CM Thank you. And thank you for listening.

Outro I hope you found today's episode helpful. You'll find specially selected resources on this topic on our digital learning platform. To join the platform for free or to suggest questions or topics for further episodes, please visit our website [theperegrinecentre.com.au](http://theperegrinecentre.com.au).

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