

Solution Focused Thinking in Schools

Behaviour, reading and organisation

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CHAPTER ONE

The Solution Focused approach

Introduction

Within the field of family therapy a new and distinct approach has developed during the last few years called Solution Focused Brief Therapy (de Shazer, 1985). Though it originated in family therapy practice it has evolved into an approach which can be used just as well with individuals as with families and other groups. On one level the solution focused approach has a set of very practical and sometimes simple procedures; on another level it contains ideas and theories which challenge many assumptions both in therapeutic thinking and in various areas of applied psychology. Furthermore, though these ideas and practices started in the context of 'therapy', we believe that this way of thinking can be transferred to other settings and ways of working: the work described in this book is more accurately thought of as consultation or casework of various kinds. Our emphasis is, therefore, very much on solution focused thinking for the everyday problems of school and not on therapy as such. In order, however, to understand this way of thinking we will need, in the first chapter, to explain in detail the work and ideas of solution focused therapists.

Various forms of family therapy have now been used and adapted in the school setting (Aponte, 1976; Dowling and Osborne, 1985). These writers developed the use of 'joint meetings', where family members and relevant school staff met together in the school setting to discuss concerns and develop therapeutic interventions. The use of solution focused therapy in schools is a very recent application. Kral (1987) has explained the use of solution focused methods with schools, and Molnar and Linquist (1989) give detailed accounts of a mixture of strategic and solution focused methods. Additionally, Durrant (1993) focuses on behaviour problems in schools. This book is intended to complement these publications, but also describes how the solution focused ap-

proach can be used in the context of developing reading programmes and with organisational work such as classroom management. All the work described took place in school and involved either direct work with students and their parents or indirect work with teachers. (We will use the terms 'student' and 'pupil' interchangeably). We have found the approach helpful for both school based and home based work with behavioural difficulties. Students may or may not have had difficulties in both places. This book, however, concentrates on interventions in schools.

In this introductory chapter we will outline the basic principles and techniques underlying solution focused brief therapy and the ways these can be used in interviews. Some of the techniques are specifically question driven, whilst other principles or assumptions operate as general route maps suggesting directions to explore or avoid. We have drawn particularly on the ideas of de Shazer (1985, 1988, 1991, 1994) and his various associates: these sources formed the bedrock of our work. The two most accessible introductions, we have found, are O'Hanlon and Weiner-Davies (1989) and George, Iveson and Ratner (1990). We have, however, also been strongly influenced by White and Epston (1990, 1992) whose approach, for convenience, could be termed 'narrative': these writers would not categorise themselves as solution focused, but we have found their ideas to be related and compatible with this approach. Furman and Ahola (1992) likewise draw on both of these influences. This chapter is intended to provide a framework and a source of basic ideas for the later chapters in the book.

Some fundamental assumptions of Solution Focused therapy

O'Hanlon and Weiner-Davies (1987) discuss in detail many of the basic assumptions underlying solution focused brief therapy. These assumptions have not been proven experimentally but summarise the experience and observations of solution focused therapists.

1) An emphasis on the past and on details of the problem are not necessary for the development of solutions

de Shazer (1985) argues that it is possible to do constructive work with clients by focusing on aspects which might provide ideas for solutions with, in some cases, very little discussion about the problem and its causation. There almost seems to be a logical break between problem talk and solution talk: and the former does not automatically lead to the latter. Likewise, an extended discussion of the past will not necessarily lead to new ideas for solving problems in the present. Furthermore, for some clients extended discussion of the past can actually be unhelpful, for example, where it leads to feelings of hopelessness.

Most solution focused therapists are not saying, however, that it is never useful to discuss the past and details of problems: de Shazer (1994) mentions how it may be useful where a client has never put something into words before and Dolan (1992) suggests that it may be required where there are issues of trauma and abuse. However, solution focused therapists have found that in many cases it is more useful to spend the bulk of the time on the search for solutions. In the school context we have found this an invaluable insight and believe our experience confirms this observation.

2) There are always exceptions, that is, times when the problem is less or absent

At the core of solution focused therapy is a network of ideas partly derived from observation of clinical work, and partly from theorising. It is claimed that where a problem is said to exist there are always exceptions, that is, times when the problem occurs less or not at all, and this is so even if the client isn't aware of these exceptions. For example, a person who is depressed may have days when they feel less depressed, or a child who usually rejects school may sit and work if given a page of sums to do.

These exceptions are often forgotten, ignored, or considered to be non-deliberate spontaneous 'flukes' (de Shazer, 1985, 1988). If, however, they are carefully explored, many ideas or clues can be found to suggest a possible solution. To give a simple example: if a discussion

focuses on a child who is finding it difficult to develop their relationships with other children, the interest will be on those times when a degree of positive interaction has been observed. This could be something as simple as sharpening pencils with another child. An exploration of what is different about this situation when the desired behaviour is occurring may provide clues which can be used to help the child develop their social skills in other areas.

3) Clients have resources to resolve their difficulties

Underlying all the above is the belief that people have within them the skills they will need to change and to solve their problems. People often emphasise their difficulties, their failures, times when they are ineffectual. Solution focused therapists seek to open up the possibilities of a different view, drawing attention to strengths and coping strategies. Even amidst the most distressing account of a person's life the question, "How did you cope?", can create the perspective of someone who has managed to survive and carry on.

One of the greatest influences in this area is Erickson (O'Hanlon, 1987). Erickson advocated using a client's own resources, strengths, beliefs and behaviour in the direction of change and called this 'utilisation'. de Shazer (1985) wrote 'this is the key to brief therapy; utilising what the client brings with him to meet his needs in such a way that the client can make a satisfactory life for himself'.

4) A small change can lead to widespread changes.

Solution focused therapists argue that if one small positive improvement or change can be achieved in what was otherwise a repetitive stuck pattern, then many other positive changes can occur through the 'ripple effect' (de Shazer, 1985). O'Hanlon and Weiner-Davies (1989) make the claim that change can arise from doing things differently, viewing what you are doing in a different way, or maybe both. Most importantly, the choice of the direction of this change lies with the client (within moral and legal parameters).

5) Clients have different ways of co-operating in therapy.

Another fundamental idea is the principle of co-operation. An intervention or question is not used if it is thought to disturb the co-operative relationship developing between therapist and client. de Shazer (1984) wrote:

“Each family (individual or couple) shows a unique way of attempting to co-operate, and the therapist’s job becomes first, to describe that particular manner to himself...”

The principle of co-operation is a guide to action, and O’Hanlon (1987) suggests that if the activity of the therapist seems to be making the client uncomfortable, then the therapists should reconsider their course of action. For example, if the client seems to particularly wish to continue the discussion of his or her difficulties, then that might be the best course of action at that moment. The therapist, however, continues to listen for constructive possibilities which can be used at a later time (Lipchick 1987).

Solution focused therapists also co-operate by noting and sometimes using the exact language, metaphors and ideas a person uses in describing their situation. There is, in fact, an effort to see the world from the client’s point of view, to try to ascertain their belief-system. The client’s language might well be used in discussing a task or in rephrasing questions; for example, a colleague described a woman who, in response to a question about what her preferred way of living might be, asked whether this meant what life would be like if it were ‘sweet’. Using this term then aided communication.

There is also co-operation by focusing on what concerns the client, and not asking questions which imply other problems and weaknesses. If out of the blue a therapist asks “Has your child witnessed marital disputes?”, the question might convey information such as, “I think they might have done”, or that marital difficulties are the cause of the problem. Of course most workers would not ask such an extreme question, yet many traditional diagnostic questions are not so dissimilar. The solution focused therapist tries to use language very carefully. O’Hanlon and Weiner-Davis (1989) advocate the use of questions which suggest the likelihood of change; for example, they prefer, “When the problem is

solved, what hobbies might you choose?”, as opposed to asking, “If the problem is solved ...?” In addition, solution focused therapists generally believe that questions give information to clients just as much as they obtain answers. Hence, questions can inadvertently encourage or discourage clients by the way they are constructed. This attention to language is found in all solution focused therapies and has become a major theme (de Shazer, 1991 and 1994, White and Epston, 1990).

6) The centrality of goals

Solution focused therapists believe that if the client’s goal is ignored or is not central then the work together is unlikely to succeed. Hence, in most cases, the therapist works in the direction the client wishes to take and does not impose aims taken from psychological theories about how people are supposed to live. If a goal seems unrealistic or too large, the aim will then be to negotiate which part of the goal is a feasible step forward. (Of course, the usual limitations apply such as not working with illegal or dangerous goals).

Where several people are involved, consideration of how the goals may be in conflict or vary becomes very important. The task may then be to clarify this situation before progress can be made.

Elements of Solution Focused interviewing

The following section shows how these assumptions are realised in practice.

Problem-free talk

Problem-free talk (George, Iveson, and Ratner, 1990) is a natural two-way conversation with a client that can focus on work, family and friends, interests, etc. The therapists may also say something about themselves in relation to the topic of conversation. It can be used at the beginning of a session to develop rapport between the client and the therapist; it can also be used to focus on areas of the person’s life which are going well and which illustrate their competence. Some of these strengths and resources may be useful when looking at changes the client would like to make in other areas of their life. An interesting example was report-

ed by Lethem (1994). A woman who some time ago had been in therapy, returned with her son because he had recently become involved in stealing. The son sat hunched up in his coat looking down at the ground. During the session the therapist asked about the woman's job and how she managed to co-ordinate life as a working mother. As the woman began explaining how she had taught her sons to cook (starting with a cup of tea and progressing to Sunday lunch), the son also joined in to expand on some of the details. A very warm picture of family life emerged with some clear examples of good parenting which provided a positive base from which the three of them could begin to look at the changes the family wished to make.

Not all therapists begin with a period of problem-free talk, while others may return to it later in the session or in later stages of the work (for example if a different member of a family joins a session). In some situations the client wants to start talking immediately about the problem and this must be respected; however the session starts, the therapist will listen out for strengths and note them.

Exceptions

A general opening question to explore any possible exceptions might be:

“Is there a time when (the complaint) does not occur, or occurs less than at other times?” (Lipchik and de Shazer, 1986).

However, it is often easier for a client to answer a more specific question such as:

“When does your daughter listen to you?”

“Have you ever noticed a time when Fred is able to play with other children without fighting?”

“What's the closest things have come to you feeling calm when working with this child?”

Some therapists (O'Hanlon and Weiner-Davies, 1989) suggest using the most positive wording possible and would prefer a question such as “Tell me about the times he does work?”, as opposed to “Are there times he

does work?” We have found both useful: which to use seems to be an issue of finding what best fits the particular context. In general we prefer the former, especially when a meeting seems to be in a more ‘positive mood’.

If an exception is suggested, the therapist does not use a single question, but a sequence of questions (Lipchick, 1987). For example:

“What’s different about those times?”

“What do you do differently?”

“Who else is involved, or notices these differences?”

“How could more of that happen?”

“How do you explain these differences?”

“How did you get that to happen?”

By encouraging a detailed examination of what is happening differently it may be possible to use some of the information to plan what to do next. It can also help a person to look again at a time when they had, in fact, been effective, thus opening up possibilities that they could be so again. The distinction between a deliberate and a spontaneous exception (de Shazer, 1988) is an important one (see Brewin, 1988, for a recent summary of attribution theory which covers a similar area). It will be easier for someone to repeat a behaviour they deliberately carried out than one they think ‘just happened’. For example, when asking one mother what she was doing differently when her child did follow a request she replied, “I was much firmer”.

In trying to conceptualise what areas to explore for exceptions, particularly for aggressive behaviour, a range of contrasts can be considered. For example:

- good behaviour in contrast to outbursts of temper;
- partial outburst in contrast to total outbursts;
- times when it might have occurred, but didn’t, in contrast to times when it did.

Hence an exception might be when a desirable but rare behaviour did occur or when an undesirable behaviour didn’t occur, or occurred with less intensity, or was amenable to discussion, and so on. For aggressive behaviour such as fighting, it is also interesting to note those times

when a confrontation almost occurred but didn't accelerate: did other people do something different or did the student find alternative means of resolving the situation? If it was the latter, then the student can be recognised as sometimes acting in responsible and caring ways.

The search for exceptions can be in the present or past. Kral (1987) suggests asking teachers if they have had similar problems in the past, and how they solved them at that time. This may help the teacher to remember forgotten strengths or strategies which can then be reworked to accommodate the new situation. Another rich source of information can be provided by looking at the improvements which may have occurred in the time between the referral and the first session. Weiner-Davies, de Shazer, and Gingerich (1987) call this 'pre-session change'. A question can be asked to encourage the noticing of these when arranging an interview:

“Between now and the time we meet note down any differences which occur.”

This is deliberately vague to encourage the person to focus on the things which are meaningful to them. In the session it can then be followed up by questions such as :

“How come you did this?”

“How did you reach that decision?”

“What is it about your children that made you feel they could take on this responsibility?”

With some clients, the bulk of the first session can revolve around exceptions. Sometimes it is difficult for people to recall any exceptions and a common initial response is, “I don't know”. However, this could just mean that the client has not thought about their situation in this way before and it is worth the therapist persisting in the belief that there are times when things are closer to how the client would like them to be. Furthermore, an exception might well appear at some later stage when talking about an area of the person's life which is at some distance from the original problem. For example, a parent concerned about their child's difficult behaviour might comment that he is well liked by some-

one. Exploring what is happening in this 'exception' may offer some clues relevant to the original problem.