Integrating Approaches: Purposes, Principles, and Possibilities

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INTRODUCTION

Good afternoon. My name is Jeff Chang. I live and work in Calgary, AB, Canada. I’m a professor at Athabasca University, have a private practice, and supervise students at Calgary Family Therapy Centre. I would like to thank Tomasz Switek, Artur Lewinski, and Jacek Szczepkowski for this invitation. Their hospitality has been amazing. I have fond memories of previous EBTA conferences – closing down the Arlington dance club in Dublin in 2001; going to a jazz club in Amsterdam with Mark Mitchell, Steve Langer, and Rayya Ghul in 2004; and my sangria-fueled bullfighting in Salamanca in 2005. In 2005, we were also mourning Steve’s death, less than two weeks earlier.

Twenty-two years ago, I was preparing to bring Bill O’Hanlon to Calgary. He was organizing a conference in Tulsa, Oklahoma in June of 1991, “Generating Possibilities Through Therapeutic Conversations.” It was an all-star line-up. In addition to Bill, Steve de Shazer, David Epston, Stephen Gilligan, Karl Tomm, John Weakland, Michele Weiner-Davis, and Michael White were on the program. I knew I had to get to be there. A colleague and I had been presenting on the similarities we saw between solution-focused brief therapy (SFBT) and Michael White’s approach (which, pre-1990, was not called “narrative therapy” yet). I told Bill about our presentation, and we were invited to Tulsa. Our presentation was later published in the conference book (Gilligan & Price, 1993). This was a paper that many people could have written, but we happened to be first. Accordingly, I became known as a spokesperson for the idea that SFBT and narrative therapy have something in common. As a former boss once said, “An expert is simply someone who is asked questions.” You don’t have to know anything at all. People just have to think you do and ask you about it. This is actually a systemic definition of being an expert. Over the years, being asked about the similarities and differences between narrative and SFBT has invited me to think about this issue many times.

I had never met Steve before Tulsa. I was a little nervous to meet him. Bill O’Hanlon gave me some advice. I am not sure to this day if he was being the “trickster” – setting me up to get in trouble (like the schoolboy whose friends encourage him to tell the head master to “F off”); or if it was straightforward advice or “both/and.” Bill told me, “Stand up to him. He likes it when people argue with him.” I ran into Steve in the hallway at the conference, and introduced myself. He nodded, and said something like, “You’re doing something on the program here, aren’t you?” I replied, “Yes, I’m doing something about your work and Michael White’s work, and how they are similar.” He said, “I don’t see how there is any resemblance between what I do and what Michael White does.” (He held even more strongly, and in my view, correctly, after he had actually seen Michael’s work). I felt like the schoolboy telling the head master to “F off,” as I said, “Are you yanking my chain? You mean to tell me that you can’t see the similarities?” I can’t remember what he said after. The next morning, I was in the breakfast line, and Steve, sitting alone, beckoned me to

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his table with a wave of his lanky arm. We spent a largely nonverbal breakfast together, but I thought at that point that he thought I was OK. I think growing up in a Chinese family made it quite tolerable to sit in silence.

My last time at EBTA, in Salamanca, I was on panel discussing this same issue. I had concluded that SFBT and narrative therapy are both ways of operationalizing social constructionism. Harry Korman gave me what I took as a compliment: “I totally disagree with you, but you are very clear.”

This talk is entitled Integrating Approaches: Purposes, Principles, and Possibilities. For the time being, I want to give a provisional definition of “integrating,” as “using techniques from a variety of counseling approaches with a coherent rationale.” I will elaborate on this definition later. I invite you to think of integrating as a step toward innovating (To begin or introduce something new for, or as if for, the first time.) The very act of adding something makes it different – more than the sum of its parts. Also, in June of 2010 Tracy Mitchell and I had the privilege of interviewing Gene Combs, Jill Freedman, Yvonne Dolan, and Terry Trepper for a special section of the Journal of Systemic Therapies that I am editing. Some of their comments are quite relevant to my talk today, and they have allowed me to share parts of our conversation.

PURPOSES

First, I would like to ask you to think about why we would, or would not use techniques from other therapeutic approaches. Next, I would like to suggest some principles for integration. Finally, I would like to ask you to explore some future possibilities – where innovation occurs. In my view, it’s fine to mix and match therapeutic approaches as long as you do it coherently and purposefully. Conversely, there are some who, for very good reasons, remain committed to one therapeutic approach.

Please spend a few minutes discussing these questions with your neighbors: Why would we choose to integrate approaches, or why would we choose to work strictly from one approach? What is the benefit to clients? How does it help us as practitioners? How might it help the field? SFBT or otherwise?

Audience Responses: Why integrate: SFBT alone is not sufficient to meet all client needs. A pure approach doesn’t fit for me. I need to do something different that maintains my interest. I’d be bored otherwise. Innovation results. The client asks for something different. Why stay pure: It fits for me. I want to teach myself to think and work in a particular way. I teach others this approach, and want to refine my technique to model it. It’s necessary for research purposes. I want to see what is possible working this way.

In 1995, I attended Training the Trainers with Steve and Insoo in Milwaukee. I described to one of the other participants the narrative therapy practice externalizing the problem. She asked, “Why would you want to do that? It’s problematic.” She was absolutely right. I could not think of a better answer than, “Because I enjoy it, and I get bored with myself otherwise.” She had a perfectly good point. But so did I. I would urge you, then, to be clear about your purposes and motivations for using non-SFBT techniques.

PRINCIPLES

Here, I want to discuss principles of integrating approaches in two ways: First, I want to discuss general principles of psychotherapy integration. Secondly, I would like to use the word “principles” as a synonym for “values”: What attitude, spirit, or ethics do we desire in our work?

Psychotherapy Integration. The American clinical psychologists, John Norcross and Marvin Goldfried (2003) have identified four approaches. As you listen, please think about which approach to integration describes what your approach.

Technical eclecticism is not driven by a particular theory or approach to therapy. The therapist selects the best treatment for the particular person and problem, and uses techniques from different theoretical orientations without necessarily buying into them.

Theoretical integration is integrating the ideas behind our therapeutic practices to create a coherent conceptual or theoretical framework. One example would be how I place narrative and SFBT together as social constructionist approaches (Chang, 1998).

Common factors. Barry Duncan and Scott Miller (Duncan, Miller, Wampold, & Hubble, 2010) suggest that effective therapy results from factors common to all good therapy – the working alliance, extratherapeutic factors, expectancy/hope, and model/technique are the common factors – not model-specific factors. In assimilative integration, the therapist mainly sticks with one system of psychotherapy, and selectively incorporates techniques from other models.

Now, we might end up with something that some people don’t think is purely SFBT. For example, Joel Simon, who has written a couple of excellent books on SFBT (Simon, 2010; Simon & Nelson, 2007), recently asked these important questions: Are we adding to the practice of SFBT? I sometimes find therapists who claim that they practice something like solution-focused, cognitive behavioral, psychodynamic, Buddhist therapy. It seems that the whole thrust of the model has been toward minimalism – how do we make it even simpler. What do we do when we “innovate”? Do we improve on it, or do we complicate it, until it begins to look like some poorer version of
CBT or psychodynamic therapy? (SFT-L, March 4, 2012)

So, in addition to being clear about why you use non-SFBT techniques, I urge you to understand which of the four styles of integration that I have just described you wish to use.

PRINCIPLES AS VALUES

In my private practice, we do a great many parenting evaluations for family courts. Sometimes this is not a place for SF techniques. So I distinguish between SF techniques and solution-focused presence, which I define as “an abiding belief that the client is already doing a great deal of what he/she would like to do, the ability to notice openings to ask about what the client is doing to get what he/she wants, and thinking about how we can invite clients to notice and do more of what works.” (Chang, 2013) It’s a value stance.

What are the values that you hope to bring into your work? I often ask my students, “How does your theory of counselling invite you to behave? Does your theory invite you to act in ways you prefer?” Listen to a couple of clips from our interview with Jill, Gene, Terry, and Yvonne. In the first, we have been discussing Terry’s book, co-authored with Mary Jo Barrett, on working with incest families (Trepper & Barrett, 1989). This book was written from a family systems perspective before Terry learned about SFBT. Terry is referring to the atmosphere in sexual abuse treatment in the late 1980s, which blamed perpetrators and underemphasized family reconciliation, and how Yvonne’s book, Resolving Sexual Abuse (Dolan, 1991) had influenced him.

Terry: So, I mean, that was the world we were in then. And then I read Yvonne’s book, and it was more about victims than abusers. But, really, it was applicable....

Yvonne: Well, one sentence, from your book actually, with Mary Jo, was very important for me: “While we teach [incest families] how not to abuse, they teach us that families can be in need, yet strong; can sometimes stumble, yet be resilient, and can be afraid, yet courageous” (Trepper & Barrett, 1989, p. xx). And for me, that way of thinking is something that makes me very, very comfortable with narrative therapy, and it makes me very comfortable with [SFBT] cause I feel like both these approaches... not only recognize that, but try to do something... in cooperation with the client. (Later, Jill describes how she first met Michael White. For Jill, Michael’s work captured something that she and Gene, accomplished Ericksonian therapists who had also studied in Milan, had not yet found.)

Terry: That experience, that phrase you said, “This is what I’ve been looking for.”

Jill: Uh huh.

Terry: (to Yvonne) Did you have that with solution focused? ‘Cause I did, when I read your book, and then immediately rushed to see Insoo. I don’t remember when it was. I said the same thing, “This is it. This is what fits. This is what I’ve been trying to articulate.”

Gene: And I don’t know if this is fits for you or not, Terry, but the it in this... didn’t have a lot to do with techniques [or] particular kinds of questions, it had to do with the kind of relationship that was there in the room, with what was going on between Michael and the people he was working with... respectful, connected, for a purpose... That was the it... That... made it really attractive...That’s what made me want to learn how to do it and the stuff that goes with it - how do you embody that?

Yvonne: Did it feel like you were coming home?

Gene: It felt like I was moving toward something that was better than any home I had ever known.

Yvonne: That’s great. It felt right.

Spend a few minutes with your neighbors to discuss these questions: What is the it in SFBT? How much of it is related to: Techniques? Personal attributes of mentors/presenters/teachers? Ideas/philosophy?

Audience Responses: Respect. Relentless optimism that is not sugary. Curiosity. Tentativeness. Coherence of ideas. Steve, Insoo and others were consistent in their ideas and practices. Client directed. Leading form one step behind. Not knowing.

POSSIBILITIES

As I think about SFBT and narrative therapy 25 to 30 years ago, I am amazed at what has developed since. Both approaches had just appeared on the scene, and now have thriving worldwide communities. They are now in every theories book in counselling and family therapy. SFBT is developing a
firm foundation of empirical support. Both are hugely popular. My friend David Nylund, a narrative therapist and professor in Sacramento, CA, recently taught a family therapy course that included the usual models of family therapy. The final assignment required students to apply a model to a case. Half the class selected SFBT, and the other half picked narrative.

But, success has its problems. Many people say they are “solution-focused,” but their work scarcely resembles what we do. The words “solution-focused” are everywhere, but competent solution-focused therapists are not. Solution-focused presence is nowhere to be seen. Many people like the idea of SFBT, “try” it, never do the work to understand the ideas and master the skills, and decide, “it does not work.” When I hear people say, “I tried SF and it didn’t work,” I feeling like saying, “Well, maybe you didn’t do it very well.”

We want “solution-focused” to mean something. We in this room, after the deaths of Steve and Insoo, are keepers of a legacy. I have heard people say that it is important to keep SFBT “pure.” David Nylund has heard people say similar things about narrative therapy after the death of Michael White. We think that to trying to freeze a therapeutic approach in time, to preserve its legacy, is absurd. Time, culture, and intellectual ferment must take our therapeutic approaches in new directions, or else they ossify. Listen to Jill Freedman’s comments:

Jill: [O]ne of the things that I most appreciate about narrative therapy is that it’s not like many therapies that get to a place where they become famous and become frozen.

Terry: Yeah.

Jill: And narrative never froze. And Michael always did things differently. ... There was a lot of change.... So, for example, every once in a while I’ll be teaching. In Prague in October, I did an interview. And [a participant] was really unhappy about the interview, and the reason he was unhappy is cause he didn’t think I was doing it like a narrative therapist would do it. And so I asked him, how he knew how a narrative therapist [would do it]. And he said he went to a workshop that I had done six years before in Austria and I wasn’t doing it the same way. (Laughter) ...

Terry: You’re not doing it right.

Jill: ... and he was teaching it that way ever since, and now I’m not doing it [the same way].

The answer, in my view, is not to strive to keep something pure, which will quench any intellectual ferment and innovation. Striving for purity creates all kinds of problems. You must have an arbiter of what is “correct.” Or, if that is too constraining, the next best thing is to certify “appropriate” instructors. I prefer to let the ideas speak for themselves. Witness the spread of SFBT and other collaborative, nonpathologizing ideas in the last 25 years.

I wish to suggest that some people attempt integration, and this might sound harsh but I will say it anyway, in an intellectually lazy fashion. They do not wrestle with questions of whether assumptions of the models being integrated fit together, or deconstruct how one’s approach reflects one’s values. But, when rigorous reflection, refinement, and questioning bring about changes in practice, stimulating another new cycle of reflection, refinement, questioning, and shifts in practice, something new can emerge. Innovation starts with creative people opening themselves to new influences. Listen to Yvonne’s comments about her pre-SFBT thinking, over 25 years ago:

Jeff: When you wrote A Path With a Heart (Dolan, 1985), how connected were you with Steve’s ideas?

Yvonne: Not at all, and so I was very, very surprised when Steve said that he thought at the time that it was very consistent with solution-focused therapy, and... his ideas of how you might work with... [the] chronically mentally ill.... I was very, very surprised, and pleased.

Jeff: [T]his may be attribution bias.... I made a point of reading A Path with a Heart again, [looking for connections to SFBT]. There’s this great quote at the end: “When feeling ‘stuck’ during a therapy session, the first rule is to change what you’re doing!” Exclamation mark. (Dolan, 1985, p. 178)

Terry: She wouldn’t use the exclamation mark now (laughter)....

Jeff: And, there’s other stuff.... There’s a section on presupposition questions, ‘What will you notice when things are better?’, and ideas about resistance that are [very consistent with SFBT].

The terrific thing about this conference, indeed this EBTA community, is that it supports the growing edge SFBT. The brilliant people here synergize one another, and generate rich interaction and collaboration. Listen to Terry description of psychotherapy innovation – the evolution of SFBT from MRI.

Terry: [Steve said], “I watched a master therapist work for a number of years... and was paying a lot of attention to what worked and didn’t, and we talked about it,” and he was [referring to] John Weakland... one of his best friends and his mentor... [B]ut he talks also about when they started to diverge....

Yvonne: Well, I noticed that throughout their careers... when they were doing sessions... [Steve and Insoo would]... go through sort of a hierarchy, and of course the most basic thing, once we find out what the client’s best hope is... is we find out if that is already happening in some way. If it’s not, we then ask more questions. And if still that doesn’t work, which is not very often, we do something different, and almost always do something different with Steve and Insoo was strategic ans almost always
was related to something that could have happened at Palo Alto.

Jill: Interesting.

Yvonne: Yeah.

Jeff: But, that wasn’t... well publicized.

Yvonne: No, and you know there’s another part that was not well-publicized. When Steve and I were working on More Then Miracles, we have three transcripts of sessions, and [Steve] was looking at the video of one my sessions, and he said, “I had forgotten how hypnotic you are.” The idea of asking the client to decide at her own pace... [Steve thought] that the way it was said was almost like a hypnotic invitation... And the reason we didn’t put that into the approach, as described in that book, is we didn’t think it was essential to be published.

When I asked Yvonne’s permission to use this clip, she was very concerned some would mistakenly think she was saying that SFBT has not evolved. She wanted me to make sure that everyone here knows that she appreciates the innovation in the SF community, and asked me to include her further words about this: New generations of SF therapists continue to bring their own influences, share their ideas with one another, and tailor their own SF work according to the myriad of cultures and contexts (psychotherapy, education, career counseling, business coaching, medical, etc.), and new international SF groups like IASTI and others share ideas with each other from fields as diverse as neurology, philosophy, Buddhist studies, the arts, and continue to “cross pollinate” the SF approach all over the world. And this is exactly the point. The kind of integration, and then innovation, that I am describing here is exactly what led to the development of SFBT. I don’t think it’s possible to pinpoint exactly when what Steve and others developed stopped being “MRI” and became different enough to be “something different.” One might argue it was the publication of Brief Therapy: Focused Solution Development in 1987 (de Shazer, Berg, Lipchik, et al., 1987). They meant the title both as homage to Weakland, Fisch, Watzlawick, and Bodin (1974), and as a clear demarcation between the MRI brief therapy and SFBT. Or was it earlier? What I do know, however, is that the innovation that brought us SFBT continues, a great deal of it by people in this room.

CONCLUSION

In this talk, I have given you my view of integration. I wish to urge you to be clear about your reasons for choosing therapeutic techniques from other approaches. If you use techniques from other approaches, I believe that it is important that you be clear about your particular approach to integration, rigorous about examining the assumptions of the approaches you are using, and purposeful in your clinical application. Be true to your collaborative, nonpathologizing values. Finally, I urge you to boldly experiment, question, and innovate. After all, that is how we got SFBT – from the innovation of Steve, Insoo, and others. You might just end up “doing something different.”

REFERENCES


