

Solutions in Education

Speech & Language Therapy in Practice editor Avril Nicoll reflects on the themes of BRIEF's 2007 Solutions in Education conference and the implications for speech and language therapists.

As I had shown an interest in the application of Solution Focused Brief Therapy in speech and language therapy (Nicoll, 2006), the organisation BRIEF offered me a place at their *Solutions in Education* Conference in May 2007. Around a hundred delegates represented a number of professions including educational psychology, social work, education welfare, behaviour support, inclusion support, child and adolescent mental health and teaching. I was the only speech and language therapist.

Thinking in a solution focused way means:

- not knowing the answers - but being curious to draw them out from the person who does
- paying attention to when a problem does not occur instead of when it does
- looking for a person's resources (rather than their deficits)
- exploring their possible preferred futures
- noticing what they are already doing to make that future a reality
- recognising that even a small step can make a big difference.

Looking back on this conference some months later, a number of its themes have stayed with me.

1. Stop 'deficit thinking'

Mandy Owen, Dee Hudson-Vaux, Clare Lowry and Jan Driver are from the Cornwall County Council Educational Psychology service. Their workshop mentioned that schools often think in deficits – a child who doesn't / won't / can't. It is easier to include a child who does / will / can, so teachers can get stuck in a negative pattern.

Although the social model is gaining ground with speech and language therapists, our background is rooted in the medical model. This kind of deficit thinking sees something is broken, considers it needs to be fixed and looks for ways to do that. Our formal assessments are therefore generally constructed to identify where something is going wrong rather than where it is going right.

Getting out of a deficit mindset is not about using euphemisms, denying problems, having a smile on your face or being politically correct. Rather, it is a fundamental shift in how we think so we can all do more of what works – and feel good about it at the same time.

Questions to ask ourselves and others might include variations on, "Does [client] recognise their own successes and special abilities and are they valued by the others?"; "When does [client] show the ability to contribute positively in [place of care / learning / work / leisure]?"

2. Start positive gossip

Staff rooms and offices can be a breeding ground for deficit thinking. An alternative is to start positive gossip. This means paying attention to good things you notice colleagues doing and making sure you remember it and pass it on. In this way we create a working environment where people feel appreciated and are constantly motivated to try out things that make a difference.

3. Harness peer support

The first presentation, by pupils from **Acland Burghley School**, had a noticeable positive impact on the mood of the conference. The secondary school has taken on the language and philosophy of Solution Focused Brief Therapy in its strategy to address and prevent bullying. This includes training Peer Supporters who in turn learn from the experience. The position requires – and gives the opportunity to develop - many attributes. These include respect for others, dedication, trustworthiness, confidentiality, patience, preparation, listening, focus, empathy, concentration, integrity, social skills and punctuality. Pupils accessing the service welcome the chance to talk in a safe place to someone of their own age who is not connected with the problem.

As the scheme was evolving, one student who was being bullied said to staff “But I don’t want to move classes - I want you to help me have confidence to face this.” One of the principles of Solution Focused Brief Therapy is that we stop making assumptions about other people and instead make our first question “What do you want to be different?”

4. Mind your language

Paul Avard from Coventry Local Education Authority says the right question can get people in the right frame of mind. At an interview, for example, he suggests asking, “When you’re at your best, what is it that you do?”

Jonathan Prosser is a consultant child and adolescent psychiatrist in Hampshire. Among his clients are children with ADHD – what he calls Active, Determined, High curiosity Difference – and their families. He uses a solution focused approach with parents and young people to decide to what extent medication is appropriate as part of their management. The questions he asks help make the relationship one where clients and parents take maximum responsibility.

At different stages of the therapy process speech and language therapists could find the type of questions he uses useful:

- What would [therapy] have to do for [name] to make it worth coming?
- How will you know it is helping?
- How much effect will it have to have for you to continue?
- How will you spot gradual change?
- How would it be helpful to you to be told he does / doesn’t have [diagnosis]?
- What makes you think this [diagnosis] might be possible in your child?

- If they were to remain like this for the rest of their life how will you cope (as well as now / better than now)?
- What is better than it used to be? In what way has his brain shown signs of positive change / maturation? What CAN he do?

When a child doesn't want to attend therapy but parents want them to we can ask, "What kind of effect will be needed to justify you overriding your child's clearly expressed wish?"

Jonathan also finds the narrative therapy concept of 'externalising language' helpful for the children he works with. He talks about "the brain" and how it has "interesting and attractive suggestions". While it "often wants something different from what the teachers want", "you don't choose your brain but you can choose not to agree with it".

5. Bridge failure to possibilities

Mandi Howells is deputy head at a London primary school. Inclusion is among her many responsibilities. Levels of deprivation, transient populations, language diversity, special educational needs and behavioural support needs are very high – and a quarter of the children are on the child protection register. This makes it difficult for the school to get 'balanced' classes.

In spite of this, a solution focused approach ensures the school is well structured and organised for inclusion. Simple things like a teacher smiling can make a big difference to the children. The school provides a bridge from failure to possibilities by concentrating on:

- Resources
- What's working
- Future
- Progress
- Hope

In practical terms this can include getting children to work out what is best for them rather than imposing solutions; asking a child "Who would you like to sit next to?" can be followed by "Who would be good for you to sit next to?"

It also means relentlessly seeking out the positive – so, rather than looking for 1 good thing, it might be "101 good things about...". Another way of approaching this is to ask "What would you *not* want to change about...". Answers give an insight into what the people concerned value that many others take for granted. One year group struggled to find "20 things I like" and answers included basic things like "fresh air". With so many children on the child protection register, Mandi says it is important to help them identify ways they can cope in spite of the pressure they are under.

Scaling is another integral part of Solution Focused Brief Therapy which bridges failure to possibilities. Anything can be scaled – for example ladders from 0-10 of not enjoying school to enjoying school, or not doing well with speaking to doing well with it. People are asked where they are now, how they managed to get there, where they want to be, where they

would settle for and what would have to happen for them to move up one more rung of the ladder / point of the scale. **Jonathan Prosser** emphasised how motivating it is for people to know about progress and change and that it is important to include parental / school handling scales too. Speech and language therapists can use scaling as an outcome measure that reflects different aspects of service provision.

6. Make multi-agency work

In the **Owen** *et al.* workshop, we listed the professionals we could be called on to work with. This emphasised the complexity and diversity of multi-agency working and the importance of better communication. This particular workshop was mainly attended by educational psychologists and I was interested to hear concern expressed about the inflexibility of speech and language therapy services in terms of sharing information with schools. I wonder how often we are in a position to learn about and reflect on what other people really think about us? Attending multi-agency conferences helps us notice where our contribution is appreciated and where we could improve communication and collaboration.

At the same time, participating in a multi-agency event raises the profile of the profession and gives us an opportunity to show what we can offer. The speakers presented video from a case conference run along solution focused lines. The mother, who had learning difficulties, would have benefited from time beforehand using a tool such as *Talking Mats* to prepare her for the number and scale of the questions that would be put to her in the meeting. This made me think again about the role of speech and language therapists in promoting ‘accessible communication’.

The experience of working with schools described by the Cornwall educational psychologists sounded very familiar and I was struck by the commonalities in our developing roles more than the differences. They described how staff in early years settings feel very “done to”. The danger then is that advice offered can go straight in a file. With a solution focused approach the person who is in a consultative role – such as an educational psychologist or speech and language therapist – asks questions and runs meetings in such a way that the early years workers come up with their own solutions. Because they are the experts on their setting and the ideas have come from them they are much more likely to make changes.

Further information

- Nicoll (2006) is available here:
<http://www.speechmag.com/content/files/Win06MiracleFeature.pdf>
- BRIEF (www.brieftherapy.org.uk) offers training from a 2 or 4 day introductory level through Certificate to Diploma level, along with conferences and specialist courses.
- Solution Focused Brief Therapy is explored by speech and language therapist Kidge Burns in her book *Focus on Solutions – A Health Professional’s Guide*.
- Talking Mats, see www.talkingmats.com.

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