

# I Believe in

When you wake up tomorrow to life in Utopia, with the problems you face as a speech and language therapist solved, what will be different? And what ideas will that give you for changing and coping today? Editor *Avril Nicoll* hears practical suggestions from resourceful therapists.

READ THIS IF YOU ARE  
 \* WEARY OF CHANGE  
 \* FEELING TRAPPED  
 \* LOOKING FOR SOLUTIONS



On a daily basis, our clients and their carers get on with their lives in spite of a communication disability, be it aphasia, stammering, language disorder or autism. We are often humbled by their great resilience in the face of seemingly insurmountable life-changing events, frustration and despair.

As therapists we are familiar with strategies to help clients develop their resilience and uncover their own solutions. For example **Kidge Burns** finds that, "The more you ask questions about the future, and discover how clients are able to describe and enjoy thinking about things in life other than the problem, the less you become fearful of using clients' imagination in order to facilitate change" (2005, p.23).

By all accounts, speech and language therapists, particularly in the NHS in England, are experiencing high levels of stress due to stringent budget cuts, frozen posts, the prospect of redundancy and no recruitment of newly qualified therapists. The temptation to give in to despondency and despair and to react with anger or apathy is great. But, to continue to care for others, we have to care for ourselves too. Doing what we can and drawing on all the sources of support available to us, internal or external, thus ensuring we continue to practise in a way true to our vocation.

The 'miracle question' of Solution Focused Brief Therapy as described by Kidge Burns (2005) asks clients to consider how life will be different when they wake up



Illustration by Graeme Howard

tomorrow and their problem is solved. This approach can lead people to find their own solutions, and to recognise the many things they are already doing that they can build on to make life better.

I decided to ask eight therapists the 'miracle question' to see if their Utopia of tomorrow would offer practical ideas for coping and making changes today, whatever circumstances we find ourselves in.

Our therapists are clear that Utopia will involve more staff, with manageable, equitable caseloads and no waiting. Our service will offer a mix of direct therapy and a consultative approach on the basis of need. The bigger political picture will be calm and stable. Therapists, organised in small, supportive teams, will be trusted to

make more day to day decisions and to assume budgetary control, however limited that budget might be. Our service will be valued – as much as, say, treatment for a broken leg - and clients' voices will be heard.

In our Utopia, there will be a much greater strategic focus on prevention and collaborative work. While the intention is to reduce the need for our service, it's interesting that our ideal doesn't quite extend to there being *no* communication and swallowing needs. **Kim Mears**, a therapist for 9 years, started down that route but concluded that "children with profound and multiple learning disabilities are so special I can't imagine a world without them!" She believes our strength is "the caring element. We are in this for the intrinsic rewards.

# miracles...

We have the tools to help, and can make a big difference." **Deborah Green** manages a service in Kingston for people with learning disabilities. She finds hands-on, face-to-face contact with clients and person-centred development projects vital to her job satisfaction as "they are the nuggets of treasure - what it's all about". Meanwhile, newly qualified therapist **Emily Williams** has been surprised to discover that she most enjoys working with challenging and complex cases as "the grittier ones give you more of a chance to test your skills".

## Negotiation

When we recognise the interdependence of our relationship with clients, we open up a whole new set of possibilities. Instead of feeling the pressure (and the illusion of control) that comes from thinking "I'm the only person who can provide this", we share responsibility and delegate more. Realistically, there will always be resource issues, but **Sally Byng**, co-founder of the communication disability network *Connect*, believes learning negotiation skills can help us come to a shared thinking about the best use of limited funds and personnel. "Because an apparent solution is not workable you need to negotiate something that is different from where you both started. We need to listen below the surface and not take things at face value. Only then can we think imaginatively of other ways to meet the underlying need." For example, Sally described a neat solution that she had recently heard about elsewhere. People living with stroke said they wanted more physiotherapy – in fact, further probing showed they wanted regular exercise delivered in a way appropriate to stroke. The negotiated settlement was for the physiotherapist to work with community centre staff so this could be offered.

This belief in the resourcefulness and reasonableness of others is central to the process of solution focused brief therapy. **Kidge Burns** says its beauty is that it "moves you away from feeling stuck". Kidge has authored a book on the subject and completed a diploma but a solution focus has had an impact beyond her work. "It has completely changed my life and helped me enormously. It's that thing of doing something different, knowing that things won't always work and that you will keep on thinking of new ways." In family relationships a solution focus helps you look for what is working rather than what isn't, and to hold your tongue and listen so that the other person can finish what they are saying. Importantly, this lets you understand why they have chosen to tell you their story, and gives you opportunities to help them notice what they have done well and what they have identified as ways to sort things out for themselves.

**Deborah Green** uses a solution focus in supervision sessions. Asking the miracle question, she notices staff moving from despair to hope as they gain insight into the problem. "There is just a change in demeanour – the person sees they can have some control, and they go away having chosen at least one thing they can do tomorrow to make a change." Deborah believes strongly that speech and language therapists are good agents of

change, and that we need to take more control over the organisation of our working day so we become more responsive to the needs of clients and carers.

While feeling fortunate in having a rewarding job in her chosen field, **Emily Williams** would also like to make changes where she sees a need. "I would like to be trusted with more independence to try things myself. We do need checks, but they sometimes seem like barriers to change." **Kim Mears** has found a freedom in working as an independent therapist - and previously as a therapist in New Zealand where, as part of a small team in a school, she was encouraged to try different approaches in collaboration with teaching staff. She says, "Fairness and justice are important to me. I want to be able to do things or withdraw my services as necessary. I revel in being able to choose packages of care on the basis of need."

Locum service manager **Jacki Pearce** has some sympathy for therapists who are keen to implement new ideas, and recognises staff need to have exciting projects and feel empowered to tackle things in a different way and evaluate the results. However, it is important that therapists are committed to their department and that managers show strong leadership, so change is sustainable and skills are used appropriately. Training in project management skills supported by regular debriefing can help. As a speech and language therapy representative on the regulatory body the Health Professions Council, Jacki has additional insight into the importance of working within your scope of practice and maintaining standards. She is particularly keen on maintaining case notes so that at any time a history and diagnosis will be immediately apparent.

## Learning negotiation skills can help us come to a shared thinking about the best use of limited funds and personnel.

There is clearly a tension between how therapists want to use their time and how they are required to use it in a big organisation such as the NHS. Independent therapist **Janet O'Keefe** thinks we "have to be creative if the profession is going to continue." **Emily Williams** believes "speech and language therapy is evolving quickly, but we cannot move with the times," and **Deborah Green** has come to understand that "the NHS is bigger than carers and clients".

**Kidge Burns** notes that with every crisis comes an opportunity. She believes that, as we have to produce figures and talk about outcomes, we are now more focused on what we can and cannot do. Rather than spreading ourselves too thin and being divided by specialisation we are getting back to commonalities and really using our communication skills. The notion of clinical effectiveness

means we are not just 'helping' people but working with them through a therapy process using tools such as self-rating outcome scales. Kidge values herself and her team more now, and says supporting and complimenting each other is essential.

## Compliments

In Utopia we give and receive compliments, in whatever form they appear, as they make us feel valued. **Jacki Pearce's** team won a primary care trust 'Improving working lives' award recently, having been nominated by social work, education and NHS professionals in recognition of their efforts to work in a collaborative way in very difficult circumstances. And, in spite of current uncertainty about the future and being snowed under, **Amanda Medhurst** is enjoying her work as "there are good things going on." She is offering more training and, as an Ekklan tutor, has received a lot of positive feedback, both verbally and practically. "When you see people putting into practice what you have taught them it is very rewarding." Amanda adds, "I feel valued when people ask my opinion, when we make joint decisions in the multidisciplinary team and when I have been able to get my message across and been appreciated." **Emily Williams** knows she has had a good day when she has been out into the community, felt the support of parents and liaised with teaching staff who are open to discussing a child's needs in a positive way.

Listening to the interviewees, I sense that Utopia is smaller but bigger. Smaller in terms of team size to enable more focus, control and practicality, but bigger in its ambition, networking and impact.

**Deborah Green** talks about the need for creative thinking about professional development when heads of department, funding for multiple cross-disciplinary services and access to courses are being eroded. "We need a good, diverse critical mass for professional development, so we need to look at things like a voucher trading system for training, more work shadowing and access to courses outside health." **Kidge Burns** finds that, using solution focused brief therapy, such creative thinking can be done even when time is short. During study for her BRIEF Diploma she engaged in 10 minute co-coaching sessions once a month: "It was enormously helpful and supportive although we knew nothing about each other's work."

**Sally Byng** finds people don't realise that, wherever they are working, they have permission to think radically, adding "often the most radical ideas are the most obvious and simple but so much 'stuff' gets in the way, and assumptions and status cloud the picture." We need to ask:

1. What difference do I want to make, and to whom?
2. What's my rationale for making that difference?
3. Do the 'beneficiaries' also think that it's a good idea, or is it just a professional concept?
4. What is the most effective way of using available resources to make that difference?
5. How am I going to sustain making that difference? ►

Thinking radically means stopping doing something and putting something else in its place. Sally gives the example of services for people with aphasia in the acute setting. From listening to people with aphasia it seems that in the early stages what is needed is not necessarily hours of assessment, as you can very quickly get to know how the person communicates, and the picture is probably changing rapidly anyway. Instead, look at offering reassurance, explanation to the family, advice on immediate ways of managing and supporting transition from hospital to home. Direct a percentage of your budget to developing a small number of people with aphasia who can befriend, support and give information, and another percentage to training the staff who spend most time with people with aphasia, using trained trainers with aphasia. Another portion should go on getting and maintaining the most relevant and up-to-date information about local support resources.

## Manage risk

If thinking radically takes you out of your comfort zone and feels risky, Sally suggests that putting the risk in context makes it easier to take action. She senses that public services are no longer a comfortable place for the risk averse person, but "by not doing anything you are still taking a decision - and running the risk that things will be unsatisfying and unrewarding." She adds, "We have to think about how to manage risk. For me, not following my vision was a bigger risk than staying put in the public sector."

Sally's Utopia was a values based organisation that would function as an innovator and influencer rather than a provider of services. Six years on, while the reality includes the challenge of being very principled and the constant pressure to keep the show on the road while looking to the future, she describes *Connect* as "incredibly exciting and rewarding at the same time." She is in no doubt that the key ingredient for any entrepreneurial endeavour is passion - a belief in what you are doing and the passion to get other people to recognise and understand. The *Connect* team, the standard of the building where they are based and the feedback from people with aphasia and service providers prove to Sally that *Connect* is making the difference it wants to make. This can come to light in unexpected ways; a book club meets monthly in Norway to discuss the chapters in 'Beyond Aphasia' (Pound *et al.*, 1999), and the University of West Michigan was heavily influenced by a visit to *Connect*, and has radically changed its clinic, involving people with aphasia in running it.

But being proud of our achievements does not seem to come naturally, and **Jacki Pearce** thinks we are not good at blowing our own trumpet. She recommends you write up your projects for magazines and journals but, at the very least, send audit results to your chief executive officer. "Even if the audit shows problems, you can demonstrate you have closed the loop, tackled things to make the situation better and will be re-auditing." In **Emily Williams's** Utopia we would see more positive stories about speech and language therapy in the general press "so we don't feel we need to cover our backs, and that we can follow our instincts more." Part of blowing our own trumpet involves us being clear and focused about our message, and we have the communication skills to get better at doing this. **Sally Byng** has learned a lot from marketing professionals about the importance of 'brand' and of being able to explain succinctly and quickly what you are about

to people with no prior knowledge of the profession or communication disability. Importantly, this also helps you clarify ideas to yourself.

**Janet O'Keefe** is similarly impressed by what she has learnt from people outwith the profession since she took the decision in 1997 to integrate her life by working independently from home, planning work time around the needs of her children. While she had the speech and language therapy skills, the biggest stress was running a business, and she says "working with people from other professions is brilliant - the local enterprise agency, Business Link and my business adviser whom I meet every eight weeks".

For some people, then, the time might be right to leave the NHS. **Deborah Green** says partnership agencies are "crying out for our skills", and she has seen an increasing number of colleagues "going out to see what the big wide world holds." She believes being adaptable, good communicators puts us in a strong position to manage ourselves outside a big organisation.

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## Support

Wherever we are working, **Janet O'Keefe** is clear that we need to "take more control and responsibility for seeking out our own opportunities for supervision and support", right from the time we are students. Janet is a member of the Association of Speech & Language Therapists in Independent Practice, and of one of their local groups which meets once a term to exchange ideas. Janet also goes to group supervision once every eight weeks, run on a neurolinguistic programming (NLP) model. This helps people to link apparently work-based issues to their personal life and to work out what choices they have for handling the situation. **Kim Mears** went independent two years ago and is impressed by the amount of reading and networking that independent therapists do to keep up-to-date and their enthusiastic participation in special interest groups. She also takes inspiration from "some fabulous therapists" and has appreciated emotional support from her mum. **Emily Williams** was fortunate to start work with two other new graduates from her degree course, who were already her friends. While she would like protected time to stop and think, she makes the most of shared car journeys to talk over ideas, and is always pleased to know she is not alone. And, tellingly, for staff concerned about the service's ability to deliver enough therapy to a huge waiting list, service manager **Jacki Pearce** always has a box of tissues in her office!

Readers who have worked with *Speech & Language Therapy in Practice* life coach **Jo Middlemiss** praise the way she helps them think of things differently - and it

is worth remembering she offers a complimentary session for the cost only of your call. She is keen to promote the theme of balance, and for us to avoid looking at our working life in isolation. **Janet O'Keefe** realises more and more that things evolve according to personal and work circumstances and that "You have to do what is right for you at different times."

As well as her family, Janet finds balance from choir practice and, like Kim, yoga. Amanda, whose manager actively encourages staff to seek balance, finds tennis does the job. Emily's work package included discounted gym membership and doing a workout means that "even on a bad day I come home on a positive note." This is important because, as **Janet O'Keefe** says, "If you are not happy you will not be giving a good service, and people will become more dissatisfied with the profession."

Personal qualities count too. Amanda is "down to earth, friendly and approachable." Emily tries to "have the humility to laugh at myself, to look on the lighter side of life and accept that things happen - it's not my fault as such." Kim takes every opportunity to learn from situations such as becoming a mother and to pause and reflect on what this means for the way she works. "A lot of it is great, and I have to remind myself of that. What is important is that I can go to sleep feeling I've done a good job." **Jacki Pearce** recognises that "I do enjoy a challenge, and want to continue to make things work better."

In the end, we are resourceful people, and we cope. **Kidge Burns** asks, "Suppose things don't get worse? We have already learnt to cope better - we are more skilled than we were." But if circumstances don't change, if you feel like you are rearranging deckchairs on the Titanic, if you are a new graduate who has yet to find a speech and language therapy post - it can help to suppose that in six months time you have everything you want. Now ask yourself: of all those things, which one feels like something I could be doing now, and what difference will it have made?

*Speech and Language Therapy in Practice* feature articles are intended to get people thinking and talking in different ways. Editor Avril Nicoll would be interested to hear how this article has affected you - for example, any change you have initiated, and the difference that has made (e-mail [avrilnicoll@speechmag.com](mailto:avrilnicoll@speechmag.com) / tel. 01561 377415).

## References

- Burns, K. (2005) *Focus on Solutions - A health professional's guide*. London: Whurr.  
Pound, C., Parr, S., Lindsay, J. & Woolf, C. (1999) *Beyond Aphasia*. Bicester: Speechmark.

## Resources

- BRIEF Diploma in Solution Focused Practice, [www.brieftherapy.org.uk](http://www.brieftherapy.org.uk).
- Connect, the disability network, [www.ukconnect.org](http://www.ukconnect.org).
- Elklan training, [www.elklan.co.uk](http://www.elklan.co.uk).
- Life coach Jo Middlemiss, tel. 01356 648329.

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