

# When all the Time You Have is Now:

**Walk-in, Single session & Time-limited Therapies**  
*Utilizing Brief Narrative Therapy*

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## Our training Journey...

### **PARTS OF A JOURNEY:**

- **PREPARATION FOR THE JOURNEY**

Knowledge & skills you have with you

- **SEPARATION**

What do you want to 'leave behind' or get away from in your work?

- **JOURNEY**

What do you want to 'move towards', have more of in your work? What will be exciting to learn, what will be challenging?

- **ARRIVAL**

At the completion of our days you will have some new ideas, practices, ways of working you may want to hold onto...

## **MAKE THE MOST OF EVERY SESSION**

- Focused and purposeful
- Goes beyond information gathering
- Generative of new ways of thinking
- Slowed down, not rushed
- Meaningful and useful
- Co-develops new stories
- Assumes the first session may be the last session

ONE SESSION AT A TIME THERAPY !

## **Practice orientation**

### **Hope & Optimism for Change**

- Engaged with the belief that people can respond to difficulties in ways that bring forward their unique knowledge, skills, qualities and values.
- The role of the therapist is to facilitate a conversation which discovers together what the person has with them. Process is highly *collaborative*.
- The therapist listens for openings in words, language, descriptions, and stories that will shine a light on what is not yet known....

## Quoting Michael White

“The distance that can be traveled in one therapeutic conversation from the starting point to...destinations in new territories of life and identity is often truly remarkable.”

From: Maps of Narrative Practice

## SST & Walk-in clinics as an opportunity for just conversations....

An alternative to pathology-oriented first contacts with the ‘mental health system’

An approach to SST, informed by post-modern ideas and a narrative therapy approach can provide a socially just experience

Creates the possibility for engaging in counter-practices to dominant politics that involve an internalized definition of the problem, diagnoses, & the creation of mental illness identities.

## **Brief Narrative Therapy:**

*Ways of thinking....*

*Stories and Striving for Meaning*

As humans, we are continually striving for meaning.

We interpret our experiences

We tell ourselves stories to make sense of our lives  
and the world

Some stories get told more, are more “popular”.

There are dominant and subordinate stories

### *Multi-storied lives*

- People’s lives are multi-storied
- Often when people come to therapy they are engaged with a single story of their lives, their relationships, and the ‘problem’
- Frequently these single stories are pathologizing, limiting and oppressive
- However, people’s lives are actually multi-storied
- There are thin traces of other stories....

## In the shadows of the problem story...

### Multi-story listening...

“...there will be more to know than what this problem would have me noticing—that in its shadow there will be cracks and treasures hidden in the undergrowth, and the beginning of some untried path to pursue.”

Lisa Johnson, 2010, A Child's Voice: Narrative Family Therapy. *The International Journal of Narrative Therapy and Community Work*, No. 4

## Rich story development....

- There are thin traces of other stories, so the therapist's job is to discover these thin traces and then make them rich or thick
- Imbedded in these stories are knowledges, skills and values
- So the therapeutic conversation makes these knowledges, qualities, skills & values visible, more richly known, and this opens possibilities for people about how to move forward in their lives guided by these.

## Our curiosity & questions attend to multiple stories: what people have with them....

- people engage in actions, initiatives that reflect conscious purpose/ intentional states
- people have values, beliefs, commitments, intentions, preferences, hopes and dreams
- people have knowledge, qualities, skills, talents and abilities to take initiatives to respond to problems they are experiencing

## Identities and Problems as Separate:

Creating a Different telling....

- The story about the problem has been culturally, socially, relationally and historically constructed
- Usually the problem story erases context so we need to re-contextualize.
- The problem story usually privileges expert knowledge, we need to value “local” or insider” knowledge
- We see problems and people’s identities as separate. “The problem is the problem, the person is not the problem”.

## Aha Moments....

When people talk to counselors they tell stories

The stories are shaped by interpretations which are influenced by our culture and our past experience

We “tell” the stories that we are used to telling, the ones that are most familiar and dominant

When people engage in *a different ‘telling’*, different language, new meanings, new ideas, new possibilities can present

We can facilitate Aha or pivotal moments

## AHA MOMENTS...

- Think of a time when you had an ‘aha’ experience
- Where were you?
- What happened that created the aha?
- What was the aha?
- What differences did this aha make in your life?

## Therapist as a collaborative partner

- people struggle with dilemmas and problems as they are limited by the “known and familiar”, but there are other ways of thinking and being available within the what is “possible to know” (Vygotsky)
- People need a collaborative partner to move from the Known & Familiar to the Possible to Know.

## Distancing and concept development

- The therapist provides scaffolding by asking incremental questions that support movement from the known and familiar to what is possible to know and do.
- The therapist and client work in partnership
- The therapist’s scaffolding allows clients to distance themselves from aspects of problems so that they can develop new conceptions of self, identity, problems, and relationships.



## Overarching attitudinal stance

It is important to reflect on and identify the therapeutic posture that we occupy as this guides and creates the foundation for our actions throughout our engagement with clients in brief services.

You might think of this as an “attitudinal stance” (Pare, 2014) or your intentional, deliberate use of self throughout the process.

## Key aspects of walk-in posture

- Respect
- Seeing problems and people as separate
- Seeing problems as able to get in between relationships
- Collaboration & Transparency
- Aspiring to just conversations
- Co-creating/facilitating/partnership
- Listening for values, commitments and preferences
- Listening for qualities, skills and abilities
- Not knowing yet/non-expert stance
- Keeping the pace slow
- A genuine curiosity

## Narrative practice: aspiring to just conversations

- Commitment to understand people's personal experiences as influenced by broader relations of power
- Critical reflection, looking out for any ways practices might be reproducing oppression
- Enquiry that makes dominant discourses visible
- Seeing people as separate from problems
- Influence of stories: expanding from single story to multi-storied lives and identities

## Doing Collaboration...

Curious

Not knowing yet....

Teach me position

Critical reflection regarding assumptions...

What do you want me to know about \_\_\_\_\_?

Check in about how it is going

Transparent documentation

## Connected listening & language

Moving past dominant theories means holding the theory as one possibility among many. This positions us as *co-discoverers* rather than expert interpreters or knowers ...

Using *genuine curiosity* and inquiry we direct our listening to people's actual experience over listening for confirmation of theories...we privilege the language of their lived experience over the detached language of theories.

## We are co-discoverers...

**It is knowledge-with  
not  
knowledge-about**

## Listening and Genuine Curiosity

What do we listen to?

What do we listen **for**?

What shapes our listening?

## **Practicing Curiosity:** Thin to Thick Descriptions

Thin stories lack detail

A thick story is inscribed with meanings and finds linkages between the stories of people's lives and their cherished values, beliefs, purposes, desires, & commitments...

MEET BOB

## Thin to Thick Description Interactive Experience

Groups:

One interviewee

One interviewer

One or more coach

Take notes

Consult with coaches

### **Interviewee:**

Start the conversation with stating a positive identity description about yourself. Must be one liked by you. Examples are: I am resilient, or courageous or determined.

**Interviewer:** Be curious. Get a thick story.

Find out everything you can about the identity description.

Examples for “determined” :

How does determination show up in your life?

What stories can you tell me about determination?

What events or people in your life have contributed to you seeing yourself this way?

What values, principles, commitments to you draw on to sustain this determination?

Who in your life shares or has shared these values, principles?

What events or persons in your life have inspired this determination?

What has it been like to have this conversation?

## **Brief Narrative Practices:**

Process and structure for walk-in,  
single session & brief therapy.....

## Brief Narrative Session Structure: *Beginnings, Middle, Endings*

1. Preparing for the session
2. Getting to know the person away from the problem
3. Setting the agenda
4. Explore the problem
5. Develop details of subordinate storylines
6. Summarize and expand what was useful
7. Co-develop future possibilities
8. Wrap-up

### **BEFORE THE SESSION BEGINS:**

#### **Finding Subordinate Storylines:**

#### **1. Preparing for the session**

Where and when can we see/hear subordinate or  
“other” storylines?

## Pre-session questionnaires

Questionnaires help people to shift to paying attention to their abilities, skills & accomplishments even before the session begins.

Provides important initial information for the counsellor that will assist in preparing for the session.

*The multiple focus that includes both why the client is here and what more there is to know about them reassures clients that they will be respected and seen as people who have both competencies and have a current problem or struggle*

## Possible pre-session form questions

- What concerns have brought you here today?
- If 10 is the worst and 1 is the best, how are things in your life today?
- How does the problem affect you?
- What would be important for us to know about the background of this concern or problem?
- What would be most helpful to talk about in this meeting today?



- What are your best hopes for this meeting today?
- Remember a challenge that happened any time in your life that you responded to in a way that got you through it. What did you do that now, looking back, you feel proud of?
- What would someone else tell us about what they appreciate most about you? It's OK to guess.
- What would you like us to know about how you identify: racially, culturally, ethnicity, religion, language, sexual orientation, mental or physical health, or other aspects of your life that are important to you? And... How does that identity connect with what you may be experiencing?

## Approach to pre-session preparation

Look at the questionnaire carefully for:

- Information about the client's agenda
- information about the problem, and
- 'glimmers' of competency stories.... (knowledge, skills, qualities, values and preferences

Reflected by 'the client is here'

In the problem statements....

Reflected by the rating scale....

In the 'strengths' oriented questions....

"What does this suggest about questions that could be asked in the session?"

## The client's agenda:

- What does the questionnaire suggest about what the client wants to talk about today?
- If more than one, are the clients in agreement about an agenda? Is there a theme that might connect agendas? Is there an agenda that is most important (urgent/risk?).
- Who is the 'customer', who will need support to engage?
- Is there a need to consider who is present given the agenda?
- What are the implicit values, hopes, preferences expressed by the agenda?

## Information about the problem:

- What do we know so far about the problem?
- How might we introduce ways to talk about the problem that is non-blaming, acknowledging, and non-pathologizing?
- What might we need to pay attention to, prioritize talking about?
- What is 'in-the-shadows of the problem statements? What preferences, hopes, wishes are expressed. What knowledge, skill, abilities could be recognized?

## Glimmers of knowledge, skill, qualities, values and preferences:

- What partial stories are present in the questionnaire that suggest more about the persons knowledge, skill, values, and preferences?
- What are you drawn to in these glimmers of stories?
- What questions might you ask to learn more about this?

## Quick Pre-session Preparation

### **Ask yourself or talk to someone else about:**

- How do I want to be in this conversation (posture)?
- What does the client's agenda appear to be?
- What ways of talking about 'the problem' might be novel and useful?
- What do I already see that provides glimmers of the client's knowledge, skills, values?

## Getting started...

**Remember you are setting the 'tone' starting now...**

**Introductions of who is present**

**Roles/jobs of persons present eg. therapist, *witness(es)***

**Talking about what therapy is**

**Length & purpose of session**

**Signing of consents**

**Explanation of Collaborative documentation**

## Invitation about how to see therapy

### **ENGAGE IN SST OPTIMIST TALK...**

Explain what the job of a therapist is:

To not assume I know what is best..

To ask interesting questions

To use curiosity to find with you new ways of looking at something....

Help move together, with you, towards new ideas....

To create with you the 'strategies', 'steps', 'actions'....

## Questions that invite stories about landscape of identity

### QUALITIES:

- What would you say it might have taken for you to get here today?
- What is it about you that made it possible for you to come here and speak about this today?

### VALUES:

- What would you say your being here today might suggest about what is important to you?
- What might your decision to come and speak about this reflect about what matters to you?

## Witnessing Practices

- Michael White, Barbara Myerhoff

It is in the telling and retelling of stories to one another that makes it possible for our lives to be richly described and richly known to ourselves and to others....

We derive a sense of authenticity through social processes that are acknowledging of our preferred identity stories

## USE OF WITNESSING PRACTICES:

- Listening/witnessing therapist
- Witnessing team
- Family members as witnesses

## Positioning a Witnessing Therapist

- Introduce the Witnessing/Listening Therapist at the start of the session
- Explain the purpose
  - Listening in a special/particular way
  - For your strengths, skills, knowledge, what is important to you, what you value, commitments and preferences you have and so on....
- Explain the process
  - We talk, W.T. listens
  - We pause, I ask W.T. questions while you listen to us talk, you just sit back and listen
  - I ask you about what you heard and impact of it

## Focus for curiosity and reflections...

- Listen for subordinate storylines.... Knowledge, values, beliefs, commitments, hopes, dreams, preferences, skills, abilities, “strengths”
- Intention is to notice and contribute to rich description of these stories
- Deliberately stay away from compliments/applause oriented responses/advise
- Pay more attention to what you are drawn to... resonance, and effects on you...transport

## A guide for reflections from Witnessing Therapist ....

- What stood out for you that you appreciate about this person/couple/family?
- What did you hear/see that told you something about what this person/couple/family values?
- What knowledge, values, skills did you notice so far?
- Did a picture or an image come up for you that represents something about this person/family? If so, what is it?
- What will you remember about this person/family? What have they taught you?

## Broad use of witnessing practices

- The development of ‘other’ storylines is greatly assisted by locating people as witnesses to each other and then enquiring into effects on the witnessing person of this conversation.
- This process was developed as a variation on concepts about outsider witnessing as described by Michael White (2007). It is a practice that furthers the creation of a “therapy of witnessing & acknowledgement”.

## Positioning family members as witnesses

- Interrupts the usual back and forth responses between people, making a different sort of listening possible
- people often are immersed in misunderstanding, conflict, blame, have difficulty appreciating each other’s experience, and are trapped in hearing and experiencing each other in the same usual ways.
- This witnessing structure creates the possibility for the therapist to spend enough time with one person to ask questions that can expand present understandings and develop new appreciations of situations, events, and one another.



- For example, a parent may listen while the therapist “interviews” the child or youth, and then be invited to reflect on what stood out for them, what they heard that was unexpected/important/meaningful/useful to them and so on, and why (*a structured enquiry*)
- Then the child/youth may be asked about what they heard from their parent’s reflections that pleased/interested/ surprised/ them and why.
- Or use this process with couples

### Introducing a witnessing process

- We can initiate this process informally or we can explicitly explain it...
- Is it okay if we try something different today? I’m guessing that other times you’ve tried to talk about this maybe didn’t quite go how you’d hoped?
- Sometimes when people talk to each other about things that might be difficult they find themselves listening for how they disagree, or what is left out, or what they want to say. It is very hard to really listen to each other when this is happening. I’d like to create a space today where you can really listen to each other. Would that be okay? (Jill Freedman)

## Listening from a different position...

- Listening like someone else would listen
  - Listening how we would listen to a friend
  - Listening like a particular person. Someone they have experienced as listening to them in a way that they want to be listened to
  - Listening like you'd listen to someone: at work, at your place of worship... somewhere else...
  - Listening from a different intention... for example listening to understand instead of listening to be right
- From Jill Freedman

- The therapist can also “bring people into the room” that are absent (re-membering conversations)
- We can be imaginative about who this could be
- The therapist can then speculate with the people present about what that person's responses would be to witnessing questions

## Documentation Practices:

### **CREATE USEFUL DOCUMENTS !**

#### **In Session note taking....**

Collaborative

Transparent

Engaging

Slows the conversation down

Makes space for reflection

Creates “stickability”

Time efficient

Can reach out to person's outside the session

## Practices that support collaborative documentation

- Explain collaborative documentation to the client(s) at the start of the session
- helps us to stay focused and not rushed
- ensures what is important is documented
- creates something for you to take home to help remember

- Pause at several times over the session to 'catch up' the notes... "lets take some time now to write down what we've been talking about that is important"....
- Summary towards the end.... Read back, check, add to.... "What has stood out to you most from today that you would like to remember?..... Complete the note together.
- Session wrap-up includes copy of note and other documents given or sent to client

### What might a summary note include?

Who was present

What the client wants to talk about (agenda)

"Strengths" (knowledge, skills, qualities, values)

Understandings of The Problem

New understandings/realizations/aha's

Next steps (what to take and use from the session)

## 2. Discover “Strengths”: Getting to know the person away from the problem

- Could I get to know you separate from the problem, so I can know what you’ve got to put up against the problem?
- Do you mind if I get to know you through them (others present)? What would I come to admire about Sara if I had months or years to get to know her? What is it that she’s got to put up against the problem? Does that fit for you Sara?
- Get to know the person through the eyes of someone not present.

- Who in your life, now or in the past, would have something to say about the kind of person you are, what they appreciate about you? Do you mind if I get to know you through them?
- If (person) was here, and I asked, “If I had months or years to get to know (name) what would I appreciate most about (name)? Like what (name) stands for/ values/qualities)? *Maybe they’d tell me a story about something you did or said that mattered to them, or they might describe something that really stands out for them about you? What would they say? Guess... imagine?*

## Ask for Stories not lists

This is like the difference between explaining and describing...

It is rich description.

...or you can go from lists to stories.

## Practice !

1. Therapist, Client, 2 witnessing therapists

Therapist: for 12 minutes

- Imagine you are meeting with someone for the first time, and they seem quiet, maybe apprehensive...
- You ask if it is ok with them to wait a bit before talking about what brought them here, and instead get to know a bit about them....
- Now ask an interesting question to do that! Loiter & thicken ... linkages, details...

2. Therapist interviews the witnesses: for 5-8 minutes

- Use questions from slide 43 to guide the conversation

3. Therapist, for 5 minutes: ask the client what it was like for them to hear the witnesses, what might they remember, take away with them?

### 3. Setting the Agenda

Discuss the focus for the conversation

Not necessarily goal setting,

What is the topic, the “conversational territory”

Listen with curiosity to the possible agendas

Listen for ‘glimmers’ of subordinate storylines

Co-develop an agenda that is ‘do-able’ and meaningful

The agenda may evolve and change over the conversation but check in about this.

“I am prepared to work hard with you for the next hour in relation to what it is that has brought you here. What should we focus on in our conversation today so that you leave feeling it was useful?”

### 4 important components:

- Convey sense of partnership & collaboration
- Talk in ways that suggest hope and optimism for change
- Work to achieve an agreed on focus or purpose for the conversation
- Make sure the agenda is realistic and doable

## Within the Agenda: Noticing the In-the-shadows...

- What hopes or preferences are expressed by this agenda?
- What does this agenda say about the person/family/couple?
- What values does this agenda reflect?
- What knowledge or skills does the agenda reflect?

## Parent says: We are arguing almost all the time, disagreeing about everything, not talking

- When you say this, it has me <sup>....</sup>guessing that there is something that you really value and perhaps even long for that is very different from what's happening? What is that?
- When you tell me this, it has me wondering how you'd describe what it is that you're longing for instead of this?
- What would you say coming here today to speak about the arguing and its negative effects on your relationship says about what you're placing importance on?
- Would you say that speaking about this today is more like going along with what the Arguing would have for your relationship, or more like a refusal to let the Arguing have its way with your relationship? What does this refusal say about what matters to you?



## Crisis as Journey

- An alternative to seeing crisis as a fixed state that a person is either 'in' or 'not in'....
- Re-conceptualizing crisis as a rite of passage or transition, or journey.
- Movement and 'separation from' something (role, status, relationship with something problematic) and movement toward something preferred.

## Possible questions...

- What might this "crisis" be telling you about something that is no longer ok with you or no longer fits for your life?
- What is this experience of "despair", "frustration" or "desperation" giving you clues about regarding what you are longing for, what matters to you?
- If this is some kind of journey, what might it be called?

## More possible questions...

- What do you have with you on this journey that can help sustain you, even through the hard parts? (knowledge, skills, commitments, qualities, values?)
- What other journeys have helped to prepare you for this one?
- Who do you know who might have gone on a similar or difficult journey? What might they say if they were here? How can they stand with you in some ways as you go on your journey?

## More questions...

- What might you experience that could try to take you off course from your journey? How might you respond to that? Who might assist with that?
- What might you need to stay in touch with to sustain you on this journey?

## More Questions...

- What will you first notice that will tell you that you have begun to arrive in the place you want to be?
- How will you be thinking/feeling about yourself? Can you imagine what you will have learned about yourself?
- How will you celebrate or recognize the changes? Who might you tell?

## Small group discussion

- Think about clients you have seen who have been struggling with a “crisis” situation
- How might these questions be useful?
- Which ones?
- How might you change any of the wording?
- What other questions can you imagine adding to these?

## In the middle of the session...

In the middle of sessions we are developing double stories by:

1. Having an unexpected, novel, unusual conversation about “the Problem”
2. Co-developing stories that are away from the problem story, alternative stories, subordinate stories or counter-stories

## Double stories...

- One aspect of the story is: the effects of the ‘problem’ on the person’s life

Another story is:

- The way the person responds to the ‘problem’; the influence the person has on the ‘problem’ or has had on other ‘problems’  
...
- There is always a double story.... !

## 4. Exploring the problem

**The unexpected...**

**Creating a different telling**

Vygotsky

Movement from the Known and Familiar to the Possible to Know....

Both White and Siegel discuss conversational movement into unfamiliar, unusual, or novel territories

### EXTERNALIZING PRACTICES

- When problems are internally located, adults and children can experience “being the problem”
- This can have hazardous effects such as isolation, silencing, shame, embarrassment, impoverishing self-descriptions, and so on...
- Clinical “sickness” models/medicalized understandings fail to address the context of peoples lives

A counter-practice to this is Externalizing practices

## How do you think about problems?

- Are problems 'inside' of people?
- Is the 'problem' who you are?

OR

- Is a 'problem' something people experience?

.....

- THE PROBLEM IS THE PROBLEM, THE PERSON IS NOT THE PROBLEM !

## Neuroscience & Novelty

“Novelty, or exposing ourselves to new ideas and experiences, promotes the growth of new connections among existing neurons and seems to stimulate the growth of myelin, the fatty sheath that speeds nerve transmissions. Novelty can even stimulate the growth of new neurons...”

Two keys to neuronal growth are novelty and focused attention

## The Ethical & Social Justice aspects of Externalizing

- Antidote to pathologizing ideas and practices
- Sees person as a person not just a problem
- Uses intentionally liberating language (Vikki Reynolds)
- Attends to context
- Respects people's identities
- Reduces shame and blame
- Opens possibilities

## Narrative practices as an antidote...

Narrative practices create the possibility for engaging in counter-practices to the dominant politics that involve the establishment of a fixed diagnosis and internalized definition of the problem—the creation of mental illness identities.

## *Externalizing Conversations*

- Separate the person and the Problem
- Personify or “thing-ify” the Problem
- Use language to separate identity and the Problem
- “It” and “The”
- Connect person to their own insider knowledge
- Reduces sense of shame and practices of blaming
- Moves from the known & familiar (distances)

## What can be externalized?

- **Feelings** (the worry, fear, sadness, confusion, anger, impatience, blame)
- **Thoughts** (the scary thoughts, critical thoughts, negative thoughts)
- **Experiences** (the bullying, the abuse, the frightening event, the past experience)
- **Practices on the body** (the self harm, cutting, anorexia, substance misuse)
- **Diagnoses** (the ADHD, the OCD, the Depression)
- **Discourses** (the expectations, requirements, obligations, measures, the should's)



## Externalizing Relational Problems

- The Conflict
- The Suspiciousness
- The Arguing
- The Habits
- The Role Ideas
- The Hurt
- The Guilt
- The Fears
- The Mistrust
- The Blame
- The Patterns
- The Expectations
- The Distancing
- The Wall

## Some externalized problems.....

- The Outbursts
- The Worry
- The Self Criticism
- The Sadness
- The Suicidal Thoughts
- The Sticky Thoughts
- The Past
- The Self Harm
- The Expectations

## Examples of externalized problems

- Think about some of the frequent problems that people come in about
- What word, name, description might you co-develop with the person that separates the problem and the person?
- THE \_\_\_\_\_

## Interviewing the Problem Exercise

- 1 persons volunteers to be the Problem. You are actually role-playing that you *are* the Problem (eg. Anxiety, Depression, ADHD).
- You speak for It.
- You want to be interviewed and are cooperative and forthcoming with answers.

- Other people in group volunteer to interview the Problem. You are curious, like investigative reporters. You want to find out everything you can about the Problem.
- What It does to people, how It does it, when It comes, what It wants for people's lives, what helps It to get a hold of people, what It does not like, what could reduce It down, and so on.

### As the problem is externalized and “unpacked”

- It becomes more known and understood
- “It’s” strategies to create ‘troubles’ for the person are uncovered
- Counter-strategies to the “problem” can be speculated on
- Ways the person is already undermining the “problem” can be co-discovered

### A guideline for exploring the problem

Develop an understanding of what the problem is like for the client. Create a different telling, novel understandings of the problem, this may include *externalizing* of the problem(s).

1. Name and describe the problem
2. Explore the effects of the problem (rules & recruitment)
3. Evaluate the effects of the problem
4. Justify (Reasons why they evaluate this way)

### Externalizing is important at walk-in

- It becomes more known and understood
- “It’s” strategies to create ‘troubles’ for the person are uncovered
- Counter-strategies to the “problem” can be speculated on
- Ways the person is already undermining the “problem” can be co-discovered

## Practice !

Imagine that you are having a therapy conversation with a client who is struggling with “\_\_\_\_\_problem”.

Under each heading of this map, imagine at least two questions that you could ask this client.

Generate together some ideas about questions

Write down questions that you would like to remember

## Or Practice !

- Practice the map to deconstruct & externalize problems
- “Client”, “Therapist”, and coaches
- Client either roles plays or talks about a real problem they are experiencing
- Therapist, with coaching help, uses the map

\*remember to be curious and don't try to fix the problem- this is not “problem solving”

## What are Subordinate storylines?

- Away from the problem stories
- Stories of skills, abilities talents, knowledge
- Stories that reflect commitments, values, intentions
- Stories of responses to events, experiences & effects of problems (Actions/thoughts/feelings)
- Initiatives that would not be predicted by the problem storyline
- Traces of “other” stories that often do not get told

### ***Finding Subordinate Storylines:***

#### Where and when can we see/hear these stories?

- On pre-session paper work
- What is reflected by the act of coming to the clinic
- As we listen to the agenda we ‘double listen’ for “other” stories
- Through getting to know the person away from the problem
- In the telling of the problem—what is reflected about hope/dreams
- In the initiatives people tell us they have tried or contemplated

Initiatives we see within the session

## 5. Develop details of knowledge, skills & values:

Explore the actions/initiatives/responses the clients have taken to try to reduce the problem, and their skills/strengths/abilities they drew on to do this.

Work hard to get the *details* of their competencies *and* how these can be useful in relation to the problem or concern.

- DEVELOP THE STORY
- SLOW DOWN
- LOITER !
- RICH DESCRIPTION
- DETAILS !
- THICKEN THE STORY

## Guideline for Developing details ....

Developing/thickening subordinate storylines

- Name and describe any actions/initiatives
- Explore the effects of the initiative
- Evaluate the effects of the initiative
- Justify the evaluation (**why** this evaluation, preferences, intentions, hopes)

## Thickening questions

- **Account questions:** How did you manage to do this? What knowledge or skill did you draw on to do this? What did you have to know in order to do this? When/where did you learn this?
- **Identity questions:** What did you learn about yourself that is important to know from doing this?
- **Values questions:** What is important about this? Why is it important? What might this suggest about what is important to you?



### ...more thickening questions

- **Time questions:** How do you think you got ready to do this? When did you first use this skill? Has it been important before? If you continued this way of thinking what difference might it make to your future?
- **Others eyes questions:** What might “person” have noticed? What might this have meant to them? What might this have suggested to them about what is important to you? What would 7 yr old you say about this? What would future you appreciate about this?

## PRACTICE

### Subordinate storyline development

*Remember a past problem that happened in your life that you resolved/reduced the influence of the problem, or got through it, in a way that left you feeling proud of your response.*

*What did you do, how did you respond, that now, looking back, you are proud of?*

### Interviewer: will thicken the story

- Describe what they did/thought/felt
- Name the initiative
- Effects of the initiative (on self, others, situation?)
- Evaluate these effects, and...
- Justify, Explore reasons for/why this evaluation
- Account, identity, values, time, and others eyes questions (at any point in process)

AT END ASK: HOW DID THIS CONVERSATION GO FOR YOU?

### SESSION ENDINGS:

#### **6. Reviewing and expanding what was useful:**

Summaries throughout

Summary toward end

Outsider witnessing/reflections

“How did this conversation go for you?”

“What stood out most for you? Why is that?”

Documentation

## 7. Co-Developing next steps:

Stay away from trying to talk the client into change. Stay away from advise.

Instead elicit from the client where the session has taken them ....

What stood out from the conversation and why?  
Generate this together (this is collaborative, it is not simply the therapist giving advice or teaching).

Explore how any new ideas or understandings might help, and specifically *how to use* these new understandings or ideas.

This conversation should be collaborative, and generative—together with the client planning for any next steps.

Discuss about how to keep the ideas/plans/next steps going; what supports are needed to do this?

### **Future possible impacts of what has been discovered...**

#### **WHY, WHAT, WHERE, WHEN, HOW, WHO ??**

- Why is this realization important today?
- What effects might this realization have on you after today?
- Where/when could this realization make the most difference?
- How could you step more into this preferred way of living?
- What does this tell you about the future of The Problem?
- How might you hold onto this new understanding?
- Who in your life might assist you to do this? How?

Acknowledging two-way effects of the conversation:

“Therapeutic interaction is a two-way phenomenon. We get together with people for a period of time over a range of issues, and all of our lives are changed for this.” (White, 1995)

“Acknowledging the effects of relationships on us; we tell people about their effects on us” (Freedman & Combs, 1996)

## **8. Wrap-up:**

Documents

Summary note

Review of next steps

Arranging for copies of documents

Evaluation

## **Reflection on training... wrap up**

- What knowledge, ideas, learning (specifically) have you realized during this training?
- How can you sustain/hold onto this?
- Who can support you to help sustain this?