

The Spirit of Brief Work in the Human Services

Ronnie Swartz, MSW, LCSW

Humboldt State University

Department of Social Work

Arcata, CA 95521

(707)826-4562

rjs19@humboldt.edu

Change can happen quite rapidly. While this may come as no surprise to people who have had their lives and relationships fundamentally changed due to unexpected events, human service delivery systems largely approach change as a lengthy—and costly—process. If undesired change can happen in a short time, it makes sense that desired change, or *preferred* change, can happen briefly as well. This does not mean forcing people to change, nor does it mean limiting services to a defined length of time. Rather, facilitating change briefly means partnering with people to harness their skills of living so that they might overcome obstacles faced in their lives.

Collaborative approaches to facilitating change briefly are finding their way into public and private organizations. Common to these approaches is a commitment to focused change *in the direction preferred by the people seeking services*. “The Spirit of Brief Work in the Human Services” presentation invited participants to explore core values and practices that inform ethical and effective approaches to brief human service work.

While “brief work” is brief relative to weekly counseling appointments that span several years, “brief work” may not always be brief in a time-limited sense. One idea behind brief work is that *change can happen quite rapidly*, as opposed to the notion that change takes a very long time. Clearly, though change can happen rapidly, it may take some time for an individual and/or family to feel prepared to approach life’s challenges. We don’t have to wait until the end, however, to see results—positive, useful, and helpful changes can take place along the way. This involves a leap of faith for many human service professionals and comes as a great shock to many individuals and families who have grown accustomed to being told what is wrong with them, what needs to be done about it, and how many people with whom they will have to meet in search of a solution.

Two key areas were highlighted in the presentation: *values* that inform brief work and *practices* that are consistent with those values. The values and practices discussed are highly influenced by certain therapeutic perspectives. While there are approaches to brief work that fit in with “psychoanalytic” or “cognitive-behavioral” traditions, the ideas that influenced this presentation fit in best with what is sometimes referred to as a “social constructionist” perspective. The work of Michael White and David Epston (1990; 1992), and others in the area of “narrative therapy” had a significant influence on the development of the values and practices shared in this presentation. Also, the work of people at the Brief Family Therapy Center in Milwaukee, Wisconsin in relation to “solution-focused” work (Berg, 1994; de Shazer, 1991), and Bill O’Hanlon (1989) in relation to “solution-oriented” approaches played parts in shaping this presentation.

A way of understanding “social constructionist” work is to consider the idea that human beings are social, language-using beings (McNamee and Gergen, 1992). As such, we

construct our experience of ourselves and the world with which we interact through our relations with other people. As it relates to human services, we might consider that a therapeutic relationship which is based on problems, deficits, weakness, pathology, or diagnosis will construct an experience of being “less than,” “not enough,” “broken,” “incompetent,” or “a failure.” On the contrary, if the relationship is based on achievements, skills, dreams, hopes, strengths, abilities, and successes, people might experience themselves in ways that fit in better with their preferences for living.

This does not mean ignoring problems, “reframing,” “pointing out the positives,” or engaging in “positive reinforcement.” Rather, this entails stepping into a perspective on lives and relationships that sees people as more than the problems with which they are struggling. It sees people as agents in their own lives. One might consider this as a process of “re-visioning” how we view people and problems.

Following is a list of principles, or values, that were shared in the presentation, along with a brief explanation of each:

1. Change is always possible. In fact, it is inevitable. Expect it.
 - Rather than thinking that some people are unwilling to change, do not want to change, or need outside help to change, we can assume that change is always happening. Then, we can focus on guiding change in people’s preferred directions.
2. A shift in one place means a shift will happen elsewhere.
 - If we assume that people are connected to a variety of systems and communities, then it follows that changing one part of a system necessitates change in other parts of a system. This means a small change *here* can facilitate a larger change *there*.
3. The future has not yet been determined...and it can influence the present.
 - It is widely held that certain life experiences *will lead* to specific problems later on. This assumption can be challenged. While we cannot change the events that have taken place in people’s lives, people are not confined by those life experiences to suffer predetermined futures. Moreover, rich visualization and description of one’s preferred future can assist in planning for the realization of that future.
4. People are the experts in their own lives.
 - For attendees of a *Building on Family Strengths* conference, this principle may not be so contentious. Nonetheless, it stands in contradiction to a vast accumulation of professional knowledge about how people *should* be and how people *should* develop. While professionals may be able to be helpful, and while they may be quite good at facilitating change, they are not experts in anyone’s life but their own. Human service workers simply cannot know what the experiences, hopes, sufferings, and dreams are of the people they work with before meeting.
5. It is people’s strengths that help them overcome obstacles, not their deficits, weaknesses, faults, challenges, or pathologies.
 - If we truly believe this then we will give equal or greater attention to people’s strengths, successes, abilities, achievements, and skills of living than we will to “problemated” descriptions.
6. People are not problems, problems are problems.

- Someone diagnosed with cancer *is not cancer*. Someone struggling with Anorexia *is not Anorexia*. Why then do we refer to a child as “*being ADHD*”? Why do we call a young person “*a truant*,” or an adult “*a depressive*”? This is not a mere semantic difference. Following social constructionist ideas, we are that which we engage in discourse about. People’s lives and relationships are multi-storied. Let us make certain we do not totalize people’s identities with the problems for which they have been diagnosed.
7. People have within their experience a wealth of skills...both known and unknown to them.
 - Problems have the uncanny ability to render invisible people’s skills of living. Human service workers can spend their time assisting people in the excavation of these hidden abilities, rather than spending time mining for trauma.
 8. People are never 100% dominated by a problem.
 - There are always times in a person’s life when a problem is weaker, absent, or affects them differently. People also might have dreams of a future without the problem. These contradictions to a problem-dominated orientation make room for possibilities where there might previously have been only limitations.
 9. All individuals, families, communities, and organizations are unique; individualized services are more helpful than standardized services.
 - Rather than offering people a menu of services (i.e., this is what we’ve got), human service agencies can craft services that tailor to the individual needs of a person, family, or community.
 10. Some people have been forced to change in ways that do not fit with their preferences. Some people have been kept from changing in preferred directions. This can be attributed to ethnicity, gender, sexual orientation, ability, age, nationality, and other issues of diversity.
 - This principle is of critical importance as human service agencies have long been instruments of social control rather than social change.

Four practices were discussed that follow from the above principles: problem definition, assessments, goal-setting, and *making* a difference.

How we define a problem determines how we go about planning for the resolution of the problem. It also influences how successful we can be in this endeavor. Rather than equating problems with diagnoses, we can define problems in relation to an individual or family’s *lived experience*—how do *they* experience the problem? Psychiatric diagnoses are categories used to describe a *collection* of problems. It’s too much to do all at once. Instead, we can pick one area to work on at a time. “Depression” is too big. The “getting-out-of-bed-in-the-morning” problem might be more amenable to change. “ADHD” is a pretty tough cookie, but “staying-in-my-seat-for-a-whole-class-period” might be achievable.

Contrary to some ideas about human service work, assessments are not baselines. Assessments are interventions. Everything we do supports the status quo (e.g., problem) or endeavors to change it (e.g., competency). We need to ensure that adequate time is spent highlighting people’s strengths during any assessment process. Traditional assessments focus on deficits, thus they are assessing deficits. Work that aims to

facilitate change in people's preferred directions will focus on strengths, and can thus be described as strengths assessments.

Talking about strengths does not mean ignoring problems. To do so would be invalidating of people's real experiences of pain and suffering. Instead, talking about strengths is included in the crucial process of bearing witness to people's stories. Meaningful conversation about strengths does not consider strengths in terms of quantities (i.e., some people have more strengths than others), nor will it compare people to a standardized list of strengths. Strengths are only strengths if they are meaningful to the people about whom the strengths refer. Lastly, strengths are much more than what people are good at. They are also qualities about people, dreams of the future, values people embrace, subjects people are interested in, and much, much more.

Goal-setting is an important practice which runs deeper than paperwork requirements. Engaging in conversations with people that allow them to envision a future that is different than the present can lead to specific steps that will bring that future into focus. Goals should be realistic, specific, and measurable—*who* will do *what* by *when*? That's the only way to evaluate the helpfulness of services that are being provided.

Small changes become large changes if one's perspective changes, that's what *making* a difference is all about. While removing a stand of trees from a particular part of the forest may not make much of a difference to the forest as a whole (though this is debatable), it makes a big difference to the plants and wildlife making their homes there. One day of staying out of trouble at school may not seem like much in comparison to a month of trouble. But relative to that day, or even that week, it's a really big deal. We can explore the many and varied ways people live their lives differently than problems would have them live their lives. This is not "positive reinforcement" for "doing something good." Saying "Good job" for not getting into trouble at school is not as meaningful an interaction as is asking questions of personal agency. Questions such as "What made it possible for you to follow the rules today?" or "What steps did you take to prepare yourself for a day like today?" or "What might happen to all the trouble if you were to re-create another day like today?" allow for people to experience themselves as experts in their own lives, and as having ownership over the choices they make.

This brief discussion of the brief presentation at the *Building on Family Strengths Conference* on "Brief Work in the Human Services" is not meant to be a list of techniques, a model for work, or a template for service planning. It is merely an effort to offer some alternatives to traditional human service work grounded in professional expert knowledge. If the presentation had its intended effect, participants left with an understanding for the power of a collaborative, respectful process for facilitating change in the lives and relationships of individuals and families, and invited people to consider these same values and practices in relation to the process of change in organizations and communities.

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