

**When All The Time You Have Is NOW:
Narrative Practice At A Walk-in Therapy Clinic**
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Introduction

The purpose of this paper is to introduce the reader to narrative practices within a walk-in therapy clinic environment. It is not possible in one paper to discuss all the ways that narrative ideas and practices are present at the clinic, therefore I will focus discussion on the areas of practice that relate to subordinate storyline development.

The walk-in clinic

The walk-in therapy clinic at Halton Child and Youth Services in Burlington¹ has opened its doors one day a week for eight hours over the past five years offering the community an opportunity for immediate access to a single session of therapy at times when people are in need of this. Families, children, and youth may attend the clinic more than once although very few do this (only one to three percent). There are 5 therapists available to between 12 and 18 families who attend the clinic each week. Many of the therapists bring poststructuralist ways of thinking and being into their work at the clinic, while others bring ideas forward from a variety of theories and approaches. While the volume of people and the potential exhaustion related to this is a challenge that requires management by each therapist and the team, the staff report feeling pleased and proud of the work they do at the clinic. The people who attend the clinic have provided extremely positive feedback about their satisfaction with the service. About 45 to 50 percent of the people do not ask for or require referral into further services at the agency as they report the one session to have been sufficient to assist them.

Narrative practice at walk-in

Both the time limitation of a single session and high numbers of people at the clinic could contribute to the risk of rushed or “thin” therapy conversations. The presence of narrative thinking and practices greatly reduces this potential risk. Narrative practice lends itself to “brief but deep” conversations. By deep I do not mean in depth assessment, information gathering, or searching for truths by “peeling-the-onion practices”. I mean conversations that are deeply meaningful, and therefore create and sustain new ideas, conclusions, visions, and hopes. This has meant claiming and developing a narrative way of working in a time limited setting, standing within ways of thinking and being that maintain a strong commitment to striving for rich conversations. In fact, this means slowing down to move to new places more quickly.

This idea of moving to new places relates to the concept of “catharsis” as discussed by Michael White for many years. He explains that classical understandings of catharsis are linked to a view of the performance moving the audience to another place in their lives “...to become other than who they were at the outset of the performance...[to] think differently about their life...a new perspective on their personal history...[to] become newly engaged with certain precious values and beliefs, or [have] new ideas about how they might proceed in life”(White, 2004, p.52). It is this “move to a new place” that narrative practice, even in brief contexts is oriented.

Therapy conversations and process “take as long as they take”. Positions that attempt to situate narrative practice within “number of sessions expectations” as well as outcome measures that measure success as “less time is better” are concerning. However, we never know if the

people we consult with will ever come again, so we must commit to making the most of each conversation—creating opportunity for “catharsis” in each session. These ideas have led to discoveries about the aspects of narrative practice that are especially useful within these potentially time limited conversations.

Therapist Posture

Before proceeding with discussion of practice, it is important to say something about ways of being with others that are at the centre of narrative therapy and make the difference between a philosophy of practice versus technique driven work. According to the Webster dictionary, “posture” is defined as a state or condition at a given time especially in relation to other persons...a conscious mental pose...to assume or adopt an attitude. This concept of posture invites reflection related to preferences of “how to be” in therapeutic conversations. The therapeutic posture of a therapist who is practicing within a narrative framework is significantly influenced by poststructuralist ways of thinking and being and strives for being non-expert, influential but not central, collaborative, transparent, respectful, and curious.

A valuable aspect of therapist posture is ‘curiosity’. Not any and all kinds of curiosity though, but a curiosity that I call “poststructuralist curiosity”ⁱⁱⁱ. This type of curiosity is one that is in search of interpretation and meaning, of people’s conscious purposes, of what the unspoken stories within the words might be, of how things might be other than how they are. Poststructuralist curiosity, “rather than contributing to an ‘anything-goes’ sentiment, as it is sometimes misrepresented, actually contributes to a ‘nothing goes sentiment’—nothing goes without question...”(White, 2000, p. 115).

The questions that arise from poststructuralist curiosity are aimed at the development of thick descriptions and rich meanings within conversational territories that are not often spoken of in the every day. The terms thin versus thick description are borrowed from a cultural anthropologist, Clifford Geertz. A “thick description is one that is inscribed with...meanings” and finds linkages between “the stories of people’s lives and their cherished values, beliefs, purposes, desires, commitments, and so on” (White, 1997, p.15-16). These descriptions are generated through interviewing in ways that listen for what I call what is “in-the-shadows”, or what Michael White terms “doubly listening” (White, 2004, p. 53). Discovering and making meaningful the subordinate or alternative stories in people’s lives creates a new place to stand for the person, a platform from which they can see new possibilities in their lives and in relation to the problem that brought them to the walk-in clinic (M. White, 2004, p. 52). These conversations fall outside of the usual ways of thinking and speaking and therefore open up new possibilities. It is within these “unusual conversational territories” that narrative practitioners navigate. These are not technique driven, fast pace therapy conversations, but instead have the appearance of a slower pace. This may seem counter-intuitive in the context of a single session, but, again, my experience has been one of slowing down to speed up. In other words, more meaningful, “thicker”, and therefore potentially more useful conversations happen when we stand and linger within poststructuralist curiosity.

Setting the Agenda

Setting the agenda for a therapeutic conversation is not a uniquely narrative practice. It is important to develop a clear understanding of what people want when they come to the walk-in clinic in ways that fit with narrative practice. These agenda setting conversations are different from “goal setting” practices. The purpose is not a “goaling” process, but is an inquiry into the person’s hopes and wishes about what to converse about—to identify the conversational territory. It is possible that the participants (clients) may express this in a way that includes a goal-like outcome, but it is often true that people who come to therapy are not sure exactly what “outcome” they are after. They are more able to identify a topic, issue, or problem for conversation. These topics for the conversation that are initially presented are immediate possible glimmers of entry points into subordinate storylines, as they reflect certain hopes, preferences, and values. Therefore, while setting the agenda, listening with “poststructuralist curiosity” and taking care to create connection to possible subordinate storylines provides a place to start the conversation that can then expand as the questions move people into unusual conversational territories.

Documentation

The paper work at the walk-in clinic has been designed in ways that stand with poststructuralist ways of thinking. The pre-session questionnaire that people complete upon their arrival at the clinic was designed to set the stage for conversations that both strive to understand the problem, find hope, new ideas, and knowledge about how to proceed. The understanding that problem stories and only “thin” alternative or subordinate stories are present for most people who come through the doors has influenced the way questions are asked on the questionnaire. Two of the questions in particular are shaped by the notion that subordinate storylines are often only barely present but are meaningful and useful if brought forward. These questions were designed not to seek out “lists” but to find “stories”. For example, a question such as, “What are your strengths?” will likely result in a list, whereas the question, “What would someone else come to admire and respect most about you if they had months or years to get to know you? It’s OK to guess.” will bring forward more specific detail. The question “Remember a problem that happened any time in your life that you resolved in such a way that left you feeling proud of yourself. What did you do that you felt proud of?” begins to bring forward rich stories of people’s lives that otherwise would not have been told. Most people are willing to spend time and thought to answer these and other questions, which then provide some stories to further explore in the session. During the session, notes are taken down by the therapist onto a Summary Report Form, which is photocopied and given to people at the end.

The Walk-in Summary Report along with any other therapeutic document such as lists, declarations, and drawings are completed within the session in a way that engages the participants in the process, is transparent, and archives their own words and understandings. Verbal summaries throughout the session serve as a way to check in about how the therapist’s understanding of their situation, ideas, and words is going. These summaries are derived from

the notes taken during the conversation and are read back to people throughout the conversation. This “holds up their words as a reflecting surface” (Notes from One Week Intensive, April 4-8, 2005) allowing for any corrections and for the persons involved to reflect further on their own words and to possibly expand on them. Summarizing in this way slows the pace of the conversation and creates a place from which the next question may be asked. In taking away the Summary Report and other documents persons are provided with a record and a reminder of their own words, knowledge and understandings that emerged within the conversation. People often share these documents with others who are not present such as family members, friends, and schoolteachers or principals. This engages a potential audience and support team that assists in sustaining new ideas and commitments.

Getting to know the person away from the problem

This practice comes from the belief that the person is not the problem. There is so much to know about the person that is different from only narrowly knowing them in relation to the problem. David Epston’s work has really been inspirational in this regard, as he often spends a lot of time within these kinds of conversations with people who consult with him (Freeman, J., 1997, p34-35). His work influenced the two questions on the questionnaire discussed above. The answers to these questions are most often full of rich stories of people’s lives, which relates to something David Epston has said: “I make it my business (through the questions) to meet interesting people” (verbal communication, Toronto, December 2003). This statement is a reflection of standing within poststructuralist inquiry and will lead to conversations that are expansive, meaningful and useful to people.

These “away from the problem” conversations explore thick, poststructuralist identity conclusions to do with the person’s qualities, skills, ideas of how to live life or be with others, knowledge, commitments, know-how, and so on. By identity conclusions I mean self-descriptions that have developed over time in relation to meaning making attached to the events of one’s life. They can lead to discovering just what it is that the person has got to put up against the problem, which is something that the person is unlikely to be in touch with prior to considering these sorts of questions. This type of inquiry facilitates the development of links between these rich stories of the person’s identity and the possibilities that exist for influence over the problem and it’s effects. In fact, there have been times when these conversations have stood on their own, in terms of being enough and sufficient for the person to find new places to stand in relation to the concerns they came to the walk-in clinic about.

These conversations are most meaningful and useful when identity conclusions are thoroughly “unpacked” in ways that richly describe them, explore how they show up in the person’s life, and where they come from in terms of the background development including historical and current person’s of influence. This aspect of the inquiry is linked to Michael White’s ideas regarding re-remembering practices (M. White, 1997, p.56-57). This unpacking further “thickens” the story and situates the development of this knowledge/skill within the person’s life, not as coming from nowhere or by chance.

Finding initiatives and developing rich meaning

In narrative therapy “unique outcomes” have been seen as actions that could not have been predicted by the problem story, sparkling events or thoughts that step outside of the dominant problem plot. This has been a way of “seeing” away-from-the-problem events in people’s lives broadly, looking for a wider range of possibilities than an exception to a specific problem. For example, if the problem of self-harm by cutting is present in someone’s life, an exception would be a specific time when the person experienced the urge to cut but did not. A unique outcome in the person’s life would relate to any actions or thoughts that are outside of the usual requirements and recruitments of the problem such as times when the person had hopeful thoughts, or thoughts that were reassuring. These events are present in the person’s life but usually have gone unnoticed and therefore lack a detailed narrative. Recently, Michael White (Notes from One Week Intensive, April 4-8, 2005) has instead been using the term “initiatives”, which I have come to understand as actions or thoughts that people engage in that are inspired by their preferences for their life, their hopes, dreams, and wishes for their lives and relationships, and which are a reflection of certain values and principles that are important to them. This understanding further expands the concept of unique outcomes, keeping the previous broad view of these events but more explicitly linking them to people’s intentions and values. The word “initiatives” better represents what I am trying to find in these conversations that are aimed at subordinate storyline development.

These events, which I will henceforth refer to as “initiatives”, are usually not yet apparent or known to people at the start of therapy. It is therefore important to look for glimpses of these initiatives and ask questions that will elicit discovery and telling of them. The therapist can notice in-session initiatives and expand meaning around them. For example, the ‘problem’ would have the person silent and isolated but they have come to the walk-in clinic. What kind of action is this? How did they manage this? What is this a reflection of in terms of intentions and values? As people are talking, right from the very moment the interview starts, I listen carefully (you can only hear what you have trained yourself to hear) for evidence of actions taken by people in their present or past that step away from the problem story in any way—thoughts/ideas/identity conclusions expressed that stand apart from the problem’s requirements for thought or action. I strive to be curious about and thicken these stories of the initiatives of people’s lives.

I ask questions to first get a *description* of the initiative from the person and then inquire about the person’s experience of this action or thought—do they like it or not and why, inviting them to *evaluate* the initiative. The question of *why* is very important as it provides an opportunity for discovery of the person’s reasons for their preference which relates to commitments, intentions, hopes, and so on for their life and the values and principles that inform these. These intentional states and values/principles can be traced in their life both in the present and in the past, and future implications of the presence of these in their life can be speculated upon. Questions about the person’s skills and knowledges can further develop a rich present and past *account* of the initiative, as can questions that invite consideration the *future possibilities* that exist in relation to these. Continuing to ask questions that explore interpretation and

meaning of the initiative in terms of identity conclusions—what this reflects about the person, expands the story, invites forward a *description of the preferred* self, building more connections to intentional states and values.

Locating people as witnesses to each other

The rich development of subordinate storylines is greatly assisted by locating people as witnesses to each other in conversation with the therapist and then enquiring into effects on the witnessing person of this conversation. 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. Then the child/youth may be asked about what they heard from their parent’s reflections that pleased/interested/ surprised/ them and why. This process interrupts the usual back and forth responses between people, making a different sort of listening possible for them. It creates the possibility for the therapist to catch a thread of an initiative and to spend enough time with one person to ask questions that incrementally build in ways that assist the person to move from current familiar understandings to new knowledge that can expand present understandings and develop new appreciations of situations, events, and one another (Notes from One Week Intensive, April 4-8, 2005).

Stories

The stories being shared in this paper are shortened transcripts from conversations with people who have come to consult at the walk-in clinic. The stories are meant to illustrate and bring to life the above narrative ideas and practices that have been so important at the clinic. The participants in the following transcripts have given their permission to share the stories however their names have been changed.

Matt and Lynn: Decisions guided by values and commitments

Matt, age 14, and his mother, Lynn, had met once with one of the crisis counsellors from our agency and then attended a session with me at our walk-in clinic. They contacted the crisis service after an incident at school where a decision Matt made resulted in him being given a lengthy suspension. The school administration asked that Matt attend some therapy sessions. After some brief introductions and paper work signing:

Setting the Agenda:

K I would like to start by asking you: What do you think the most important thing to talk about today is?

M My decision-making.

K Your decision making Matt, okay. So Matt (*writing on the paper*) – you want to talk about your decision-making. Can you say a little more about what *about* it you want to talk about?

M Why I make the wrong decisions when I already know that they are wrong.

K Okay. Does that fit for you Lynn, or is there something else that you want to talk about?

L No that seems to be the concern – I mean he knows right from wrong. We can discuss the points and, like he said, he'll still make the wrong decision-- he's persuaded easily, he can be a follower, even knowing right from wrong, and still going the wrong way....

A proposal for an agenda that is connected to a possible subordinate storyline:

K Ok, there's two things that have been said that I'm really curious about. Matt, you said that you wanted to talk about decision-making, about how you make what you said were wrong decisions even though you *know* that they are wrong ahead of time. And you said, Lynn, that you know that he *knows* right from wrong. So, would it be okay with you to spend a little time talking about what your ideas are Matt, what you *know* about things like: what's important to you, what you feel committed to, what kind of values you have – things like that. Because I'm thinking that these are the things that help with decision-making. (*Lynn nodding*) And you don't have to come up with this from no where because I think one of the jobs that I have is to ask people questions so they can figure out what they know as they go. Sometimes people come in and they don't know what they know, right – but if you get asked questions then you can figure out what you know. (*Matt nodding*) So would be all right with you if I ask questions to help you and us all know what you know about this?

M Yeah.

K (*To Lynn*) Do you see why this might be a good thing to do in relation to this problem? Does this make sense to you?

L I think that's perfect – yeah.

Discovering initiatives and developing rich meaning:

K So, let's see where we can start with the questions. (*pause*) Can you think about a time Matt, when you had to make a decision; I'm sure there have been times like this.... Maybe there was a time when someone was asking you to do something, or asking you to go along with something, or you're in a situation where a choice presents itself, when you had to decide what to do - do it or don't do it. Go this way or go that way. Can you think about a time when you decided something that you're proud of – that you like what you decided – that you think you sided with your own values and principles in some way? Does something come to mind when I ask that? (*Matt thoughtful and nodding*)

- K Can you tell it like a story – what happened?
- M Well I had someone who was a friend for a long time, and he came up to me and asked me if I wanted to do something with him that I already knew was completely wrong.
- K So you were clear right away as soon as he said it?
- M Yeah.
- K Can I ask, why is that – why was it so clear to you that what he was asking you to do was wrong?
- M Because I've been told at school it's wrong, and I've been told by my mom. I just know.
- L Can I ask what was it? I'm just curious, what was the situation so we can all be proud of your decision. I think I know what it is.

Locating people as witnesses to each other:

- K Would it be okay with you, we don't have to do it this way Lynn, but what some parents find really useful is if I help you to stay in what I call a witnessing position. So that you watch this conversation that Matt and I are about to have and then I ask you some questions about it.
- L Okay.
- K The reason for that is then you won't have to get engaged in what you could ask and you actually sit back and witness this, and it might be a different or unusual position to be in that might help with something. That's what I often find. Is that okay?
- L Okay, that's fine.
- K So let's see if I understand so far. You had a friend - still have - and he had been a friend for a long time and he asked you to do something that you knew right away it was wrong.
- M Yeah.
- K And you knew it was wrong because at school you've heard it was wrong, from your mom you heard it was wrong and you yourself knew it was wrong. Now sometimes when people hear from school and from parents that things are wrong they still don't think it's wrong. (*Matt nods*) How did you know it was wrong?
- M I knew it because of what it was. I just knew it was something I shouldn't do; it was a bad thing to do.

Developing rich meaning by exploring what the initiative reflects about values, commitments, and so on:

K Were there some special values that you have that it was going against? I'm thinking about things like, was it something that would hurt you, hurt someone else, bad for particular reasons – you know what I mean?

M Yeah, it would be bad for me, like body wise, it would be bad for my mom because she would never trust me about anything ever again.

K Okay, so it would be bad for your body and bad for trust. Let me jot down a little about this. (*writing*) So first of all, what Matt decided that he's proud he did was, that a friend has asked him to do something and he knew it was wrong because it had to do with it could hurt his body and damage trust with his mom

M Yeah.

K Okay, and so what happened then? What did you do?

M I told him, "no", I knew it was wrong I wasn't going to do it, and I just walked away.

K Then you actually walked away. Was that hard to do?

M Kind of, he's my best friend– but when he brought that up it came through my mind that, something like, that's not going to ruin our friendship.

K So you knew that if you took a stand with this that it was not putting your friendship at risk?

M Yeah.

K Tell me about that – what would hold it together through a hard time like that? Because some people's friendships might, would you agree that some people's friendships might be pretty challenged by that and might even fall apart from something like that?

M Definitely.

K I think so too. So what was it about your friendship with this particular friend that told you well: I think my friendship can tolerate this. I think it will be okay.

Matt tells about the ways that he and his friend really value each other as friends:

K So there's a long history that says that you care about each other? Is that right? (*Matt nods*) You care about the friendship. (*Matt nods again*). So what happened after that, did you ever talk about it again or...did it ever come up again?

- M Sort of...I asked him later how he got the idea. He didn't really want to tell me. I asked him if he did it and he said no, and that made me really happy.
- K Why did you ask him that? Where is that coming from? Is that curiosity or caring or ...
- M Both.
- K Both. So you were pretty relieved he didn't do it - right. You even checked later, out of curiosity and caring. And you were glad he didn't do it. I'm kind of curious about something now. He didn't do it. Do you think that your saying no to it reduced the chances of him doing it? Is that possible?
- M Yeah, I guess it did.
- K Tell me about that.
- M 'Cause, I know he kind of looks up to me. Even at other times ... I say, 'it's not a good idea' about just little things, like doing something stupid around the house – I've said 'no'. He says, 'yeah, ok', and then he's done the same thing for me—when I have an idea and saying it's not been a good idea, and I'm like 'yeah okay'.
- K What would call that? What are you doing for each other when you're doing that?
- M Caring for each other. Making sure we don't do anything wrong.
- K Caring for each other. Making sure you don't do anything wrong. (*Writing*) It does sound really caring to me. (*Matt nods*) Sure. Do you think that if you had said yes at that moment he would have done it?
- M Yes.
- K Yeah. So saying no kept him away from that thing? Kept him away from doing that wrong thing?
- M Yeah.
- K How do you feel about that now?
- M I feel good that I didn't do it and that he didn't do it. I feel good just knowing that.
- K So it was an important decision – You said this had to do with caring for each other, and you also said it had to with a value of not hurting your body and not damaging trust with your mom. Could I ask you about those two things a bit?
- M Well, like damage to my body, I know, like 'cause I know if I did it once, I'd probably do it again. So in the long run I'd feel worse and worse. And then the trust with my mom...

We explore the influences in his life from teachers at school and what he has learned in classes that help him to value caring for his body:

- K I'm just wondering, other than the courses at school, is there anything else that really helped you to value taking care of your body? Was there something else that someone said or did or something that stands out for you like a lesson about that?
- M Yeah my mom has always told me about the side effects of it...
- K So conversations with your mom were sticking around for you and helping you with the caring of your body too? (*Matt nods, and we talk more about some of those conversations*) Also, you were going to tell me a few minutes ago about the other part-- you said that the other thing that really helped you with this decision was you were not going to damage trust with your mom? Can you tell me about that? Why that matters to you?
- M Me, and my mom have a really close relationship. We really trust each other. I know if I did this, the trust would be torn. (*eyes tearing*)
- K So the relationship with your mom really matters to you.... your value for it helped you with that decision?
- M Yeah.
- K (*Lynn gets tissues for them both*) How does the closeness with your mom make a difference in your life?
- M If I didn't have my mom I think I'd be making a lot of worse decisions for my life.
- K So, is that connection helpful for you with staying on track with what you believe in?
- M Yeah.
- K That's really something. You really helped me to understand how you were able to make that kind of choice with your friend, and it really strikes me that a big part of this was about being caring. Caring for your friend, caring for your body and caring for your treasured connection with your mom. Does that seem right to you? (*Matt nods*). I'm so glad you told us this. It was really quite beautiful. I think I'd like to ask your mom a few questions for a few moments if that's okay.
- M Yeah.

Interviewing Lynn as a witness:

K *(Turning to Lynn)* I was wondering what was going through your mind when Matt was talking about caring, caring for his friend, and caring for his body and caring for his connection with you, I was wondering what you thought about that?

L Well, Matt is a very caring person.

K Is that right?

L He's got a very good heart. It's not just with me; it's with his friends, with his sister, even with complete strangers.

K What's it like for you to have a son who is caring like that?

L Well, I'm so proud of him. I mean he shines through, people who meet Matt, love him; he's just that kind of a person.

K I was wondering did you know that when Matt was faced with tough decisions, like that one must have been with his friend, did you have a sense that you are standing with him when he's faced with that kind of decision?

L Yeah. I know that there have been times like that in the past, that the reason why he did or didn't was because of my strong voice in his head. Hearing him tell that story, I mean is remarkable. Well it makes me feel even more proud, it's wonderful to know that all the talking I've done through all these years mattered. It felt really good to hear. I just never realized that he does take what I say to heart. And that it is strong, and he does think about it.

K It seems that he's taken it in, taken it to heart. So you said that was remarkable?

L It was pride. I felt like I was floating.

K Floating, kind of how?

L Like proud. I'll walk out of here two inches taller.

K Was there anything new or different or unexpected in this story at all? Any surprises?

L Not surprises just the maturity thing – seeing that Matthew does value a friendship. I think that it is nice to learn that he has that kind of a bond, that he realizes that friendships are important in life. I think that I have shown him that, in my friendships with hard times and struggles and taking care of the friendships.

K That they are things to be treasured but also nurtured. It sounds like that idea has come across.

L Oh, yeah. It's nice to hear, really nice to hear.

- K At different times when Matt was speaking of the influence of your relationship on him, and the way that it's with him in life, and that it mattered, I was wondering if it had you reflecting on your relationship with him and what difference that's made in your life—how your life is different for having Matthew as a son?
- L Oh my gosh, I don't know if I can really answer that - you know. In a sense... well, he's brought me much joy. He's brought me lots of joy in my life. You know we have ups and downs, but I just said this to a friend not too long ago, that the bottom line, if anyone's to ask me what it's like, the first thing that comes to mind is joy. Through everything, there is still joy.
- K What does that have to do with— what's brought the joy?
- L The thoughtfulness. Always thinking of me. It's remarkable. Like it let's me know that it is a good thing that he hears my voice in his head sometimes – like “don't do this”.
- K So that he's not altogether alone when he has to make tough decisions in his life?
- L Yeah. It helps me when I think of the future too.
- K Does it? How?
- L With Matt, to let him go more.
- K To let him go more. How does hearing this story get you in touch with thinking about letting go more?
- L The part where he said the trust thing with me would have devastated him. I know that trust is a big important thing in a relationship.
- K The treasuring and valuing of you and the cherishing of that trust?
- L Yeah, yes.
- K Right, that mattered. So knowing that, has you thinking about, what was your word?
- L Letting him go. Allowing him more room. It just made me feel like: Well he does have his head on--he's thinking.

Interviewing Matt as witness to his mother's reflections:

- K Thanks. *(To Matt)* So what you were witnessing? You've been listening to your mom and I talking about what was going on for her while you and I were talking. What grabbed your attention about what stood out for your mom?

- M Well, that she knows me, and what she's saying about – letting go. She knows that I'll always have her in my head. So she knows and can let me go... like let me do things and she'll know that I'll think things that she told me or she taught me before important decisions, during decisions.
- K Why do you think that stood out for you? Why is it good to know that your mom knows that?
- M Just kind of adds to that whole trust idea. I know that I can trust her she knows she can trust me so... that's basically the reason why it's good to know that.
- K So it really adds to the depth of trust in between you and your mom?
- M Yeah.
- K So listen, I think we'll stop soon. But how has this conversation been for you Matt?
- M Good. I liked coming here to say these things. Your questions really made me think. That I made a difference not just in my decision, but in my friend's. Listening to my mom say that she knows that she's always in my head and everything makes me feel real good. Everything's good so far.
- K So you're glad to know your mom knows these things now?
- M Yeah.
- K How did it go for you Lynn?
- L Good. We've talked about that I have a fear of Matthew being more of a follower 'cause he's a very nice kid. So I've had some concerns there. But, after hearing this, I was thinking that maybe I could not worry so much. I've done what I could do up until this point. It's great to hear....
- K So maybe you can worry just a bit less about him being a follower?
- L Yeah, yes.
- K Yeah. It was a particular story of leadership. *(Pause)* Well it was really good to meet with you.
- M Me too.
- K *(To Matt)* Thank you for sharing that story with me. It was really quite lovely.

L I have to say I really, really appreciated how you put the questions out. I mean he's a great, great intelligent kid but he needs that. Just listening was really wonderful. The questions were remarkable....

Katie: Away from the Problem, including what she has to put up against the problem

Katie, age 13 came to the walk-in therapy clinic with her foster mother, Marion, and her child welfare worker, Sharon. During the initial agenda setting the two adults indicated that they wished to talk about some recent self-harming by cutting that Katie had done, and Katie indicated that she had "nothing to say". Most of the early part of the conversations were with Marion and Sharon who, in response to my questions, were "guessing" that the cutting was a reflection of distress due to an argument Katie had with a friend and the fears she had that the relationship was over. This connected with a history of loss that Katie had in her life. As she listened to Marion and Sharon speculating about how frightening and distressing the fear of loss might be, I checked with Katie (who had been in a witness position) about accuracy, and she described that "this is right on" and that the fears of loss that she experiences after such arguments with friends are so intense that she described them as "unbearable". She agreed that the cutting was absolutely an expression of these unbearable fears. Marion and Sharon commented that Katie really liked to experience close connection with others and that, in fact, she had become close to her foster parents and sister. At this point it was possible to begin to explore "getting to know Katie away from the problem" through questions such as: "I'm curious about what's made it possible for Katie to become such a part of the family? What kind of qualities or things do you see in Katie that have made it possible for these "well-connected" relationships to develop?" Stories were then shared about Katie's kind and thoughtful actions toward her foster sister, and her commitment to come back to "talk out" issues with Marion after arguments in ways that were open and insightful.

Questions to others present to get to know the person away from the problem:

Y As you were telling me this story, I started wondering-what is it about Katie that makes these things possible? What kind of skills, qualities, or talents has Katie got, that you think she could use against this problem that's come up in terms of the distress and fears when arguments happen with friends? So I'm wondering- what does she have with her that might help her get through these kind of times that are distressing and scary for her?

M Well, when problems happen between people, she can later sit back and see what happened and understand other people's positions. She is very insightful. And then she is good at coming back and talking to people and working it out. Katie has a real skill or aptitude for talking things out so I was thinking that might help her in a situation where there is a conflict between her and a friend. (Marion shares some stories of Katie that show her skill in understanding people, then...)

K Ok. I'd like to ask you Sharon- what do you think Katie has, like knowledge, or talents, or things she's figured out in life, that are going to help her next time when she's really distressed about an argument with friends?

S Well, my two top answers are: 1) That I have seen Katie be incredibly compassionate at times, and, 2) the other one...I was just thinking, when we were talking about Katie's history of loss, that she has been in foster care several times and has lost her family of origin in some ways... and I was thinking what it says about Katie that she was still able to come to Marion's at 10 _ years old, after years of all these experiences, and still be hopeful that this could be a place where she could be. And then I was thinking about her hopefulness, and in fact, one of the experiences I've had with Katie that was so amazing was: I took over as her case worker from a person named Sue, and Katie really loved her, but she didn't hold me at arms length because I wasn't Sue—you know, again, there is a hopefulness around, it's not: because I'm having a loss, I'm going to hold it against the next person, you know, that speaks to hopefulness....

Y Ya, and you said she could have held you at arms length, she could have not connected with you in any way, not allowed any relationship to develop....

S Ya, and she could have done that in many ways—she could have said to herself: how long are you going to be here, right, the last person I only had for a year, are you going to only be here for a year; but I didn't get that from her.

Katie, who has up to now been fairly quiet, spontaneously comes forward with ideas for initiatives she could take to help herself in these situations. This is now possible as Katie is "standing" on a platform of richer identity conclusions:

K There was Jeanette who left before, and then there was Sue...But I think something that would help me would be to think about all the good times that I have with my friends and think about all those instead of thinking about me going to be losing them or something. And do things that I know will make myself feel better about myself instead of like putting myself down and just sitting around doing nothing and waiting for them to do whatever...just go off and do something, and not thinking that they are not going to be my friends or anything, so....

Y So, you said a whole bunch of things there, (*I wrote them as she spoke*) about thinking about the good things, and the good times that you and your friends have had, is that right?

K Ya.

Y ...And that that would help in a situation where an argument just happened?

K Ya.

Y And, you said, to do something and not just to be alone, is that what you meant?

K Ya. Cause the whole week I was by myself and nobody else and just staying by myself, going over plans by myself, and just going to bed and crying and talking to myself....

Y Ya. So what picture do you have of something different that you would do?

K Well, go out and do something, and play basketball or go for a ride on the bike. Just get my mind off them being mad at me, cause that might help me, make me not so angry and think they are not going to be there anymore.

Y So it could reduce both anger and fear too?

K Ya.

This and the next few questions are to further develop this storyline and related identity conclusions:

Y And, I was wondering from what Sharon was saying about how you've been a person who, even though you've had lots of leavings in your life, that you've been a person who doesn't hold people at arms length. And lets people connect with you and you to connect with them anyway?

K Yes.

Y And, have you done that by using any of these things (*on the page I've been writing on earlier and listing things Marion and Sharon said about qualities Katie had that made it possible for her to become such a part of the family*), like (*reading*): thinking of good times...well, what have you done Katie?

K I've done all those things; like not being able to live with my sister anymore and stuff like that...I've done all these things...moving from the last house and the house before that, and...but, I try to look for the better in Sharon, and stuff, instead of thinking: oh well, this isn't good because Sue's not going to be here anymore. I like thinking about how much I'm going to be able to get to know that person and see who they really are and stuff, instead of just thinking of losing the person.

Y So you look forward to getting to know them and discovering what kind of person they are?

K Ahha. Ya.

Y You said, "looking for the better"? (*Katie nods*) Do you mean in the person?

S Wow. What a great phrase. I just thought what a world we would live in if everyone went around looking for the better in the person.

Y Right. (to S) Did you sort of know that in any way about Katie- that she is a person who does this looking for the better? Did you see any evidence of that?

S Well, its kind of funny, because I wouldn't necessarily have thought about it until she was just speaking about it, and now when I kind of look back that's certainly been my experience of how welcoming she has been.

Y Ya, and, (to Katie) you were talking about compassion before, and that was one of the things Sharon said a few minutes ago—that I wrote down on my page here; that she thought you have a lot of that. Did that surprise you when she said that, or did you kind of know that?

K I kind of know that....

Y Ya. What are some of the clues or reasons that you do know that about yourself?

K Well, because I always want to just go and help someone else, and I'm always helping people at home and at school and everywhere....

Y Are you like a "giver"?

K Ya.

Exploring her evaluation/position on being a "giver", thickening the identity conclusion:

Y Is that a quality that you like in people generally, that you would strive for; is that something that you want in life—to be giving?

K Ya, I like helping people; it makes me feel better about myself.

Y I mean, this might be obvious—but why do you think that is a quality you want to have?

K I don't know, but I just think that the Agency has done so much for me—put me in a home that is great and do all these things for me, that I should do things for other people to make them feel good about themselves, and so that they have a better life for themselves too. Cause, there is this girl, named Michelle, and she was having a really hard time, she was doing what I'm doing now. She came here too sometimes, and she was really down and some kids were picking on her at school and stuff. So I went down and talked to her. And she is sort of like Lorrie, and so I wanted to get them to talk so I gave Lorrie her phone number so she could talk to her on the phone...and then she went over there, and they were always talking, and it was really good that I could help them and have them knowing each other so they could know somebody who was like each other, so that they don't feel so bad about themselves. And I thought, it really helped them and they seemed to feel a lot happier. *(Rich stories are coming forward that further thicken new identity conclusions)*

Y Wow. You just told a story about how something you did really contributed to two people's lives in some really important ways, is that right, would you say that?

K Yes.

Y And you said that some of this has to do with you giving back, in a sense; that you feel that you've been on the end of receiving and being given to, and that you want to give back. Is that right?

A conversation unfolds about many ways in which Katie has been giving to others in her family, and then I explore Katie's preferences about how to proceed:

Y You were saying before, Katie, that some ideas were popping into your mind about how you might help yourself next time any of these arguments with friends happen. You were telling about looking for the better, and focusing on the good things that have happened- kind of like stacking them up or letting them pile up in your mind a bit?

K Ya.

Y So if you had all those things piled up in your mind, and then an argument happened, how would that help?

K Well, I think that I would just think about those things and it would make me feel happier... Like when I'm in a fight with them and I feel scared and I can just think about, like, before, and how we worked it out, and situations that I thought of to work it out that time, it might help me more.

Y Would that be sort of like giving to your self in those times?

K Ya.

Y What would you be giving to yourself in those times?

K Well, I think it would be reassuring....

Y You'd be giving yourself reassurance?

K Yes.

Y Ya, that seems like an important gift to me, what do you think...do you think that reassurance is important?

K Ya!

We went on to discuss in some detail the specifics of the ways Katie could reassure herself and who is in her life that could make up a “reassurance team” that could be called on, and have very specific jobs that she has let them know about ahead of time. Katie named a number of people who could be on this team, and thought she would like to write them a letter to share ideas about ways they could help. Sharon and Katie talked about the letter saying something like: If I call on you in a time when I’m feeling worried about my friends, here’s the kind of reassurance I’m needing: 1) to remember all the things that are piled up in my mind about the good times and make sure that those outbalance this one bad time I’m having right now, 2) help me to keep looking for the better in the situation, and 3) to help me keep doing things so I’m not all alone, 4) to remind myself that some of my friends, like Liz, need some time, 5) also recognizing that some people need time, and just giving them that time. Katie did send a letter to several people that she wanted on her support team. At follow up two years later, she had done no further cutting since this initial session. She did attend the walk-in clinic sporadically over that time to discuss some other issues in her life.

Summary

The concept of subordinate storyline development is central to my work at the walk-in therapy clinic. These practices require an orientation to poststructuralist listening—listening for the unspoken within people’s words. Within Matt and Lynn’s initial comments that Matt makes wrong decisions even though he knows right from wrong—hearing that Matt knows what is right and wrong and wondering about what informs this, what makes this possible for Matt? This takes the conversation into subordinate storylines of Matt’s abilities to make decisions informed by commitments and values he holds as important to him. Within Katie’s comments that the cutting is a reflection of unbearable fear of loss of an important relationship—hearing that Katie strives for connection with others and values this, and wondering what is it about her that makes this possible? You can only hear what you train yourself to hear. What assists me to “hear “ in this way is: standing within a narrative posture in these conversations, maintaining a strong commitment to strive for rich conversations, asking questions aimed at the development of thick descriptions and meanings within conversational territories that are not often spoken of in the every day, being curious about people’s intentions, commitments and values, and doing my best to create the opportunity for “catharsis” in each session—slowing down to move to new places quickly.

References

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ⁱ Halton Child and Youth Services is a large children's mental health centre located in Burlington, Ontario, Canada. The agency has many services for children and families including the unique Walk-in therapy clinic, which was created in June of 2001. Karen Young works as a therapist and supervisor at HCYS and as a training/research faculty at Brief Therapy Training Centres-International. See final endnote and the footers for more information about training provided by Karen and the other faculty at BTTC-I.

ⁱⁱ I have attempted to understand poststructuralist thinking and how it differs from structuralist ideas in the following ways:

Structuralist

People have behaviours
(unconscious drives)

people have internal motives, drives, needs;
attributes, traits, characteristics, strengths,
weaknesses

people have a deep, core identity that
is consistent over time

there are facts, essential truths that must
be uncovered

problems exist internally, within people,
the person is the problem

Poststructuralist

people engage in actions
(conscious purpose)

people have commitments, purposes,
intentions, values, hopes, dreams
principles, beliefs

identity is relational: is fluid, changes
over time and between contexts

experience is subject to interpretation
& meaning making that has many
influences, multi-storied experience,
dominant and subordinate stories

problems exist outside of people,
externally, between relationships and
within contexts

iii Training and Consultation

The faculty of Brief Therapy Training Centres-International™ (a division of the Hincks-Dellcrest Centre, Gail Appel Institute) is committed to training informed by Practice-Based Evidence Research. The BTTC-I faculty train and consult throughout Canada, the United States and internationally.

- The training and consultation can be delivered in a range of formats as follows:
- Training can be custom designed to address the specific needs and goals of your organization. This may include issues such as: reducing waiting lists, walk-in clinics, servicing particular consumer populations such as sole support parents, adolescents and more.
- Certificate courses designed to address specific needs or themes particular to your organization are available. A curriculum is designed in consultation with your key staff members. Each participant will

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receive a certificate upon successful completion of the program. Certificate courses range from five days, ten days or even two years spread out over time.

- Certificate courses can now be integrated with web-based or video-conferencing technology. Live on-site training sessions are interspersed with cyber sessions to provide a richer and more cost-effective training experience.
- Case consultation can be arranged in various formats including live on-site, telephone consultation and web-based consultation. In addition, live supervision can be arranged using a one-way mirror and outsider witnessing practices.
- Organizational consultation is available regarding: program review and evaluation, establishing sound agency-wide clinical supervision, and practices for developing a consumer responsive organization, and more.