

Collaborative practices with clients in multi-disciplinary teams: Some inspiring concepts.

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Working with clients in collaborative ways is a challenging and adventurous process. In this chapter we want to take you into our stories of change: how can we work in a way that the process of collaboration becomes a relational oriented process? In other words, how can we establish *partnered processes*? It is our belief that when we re-humanise our working together with clients that we can all learn and benefit from it. In this way we can co-create hopeful and better futures for our families.

We will attempt to describe some of the basic concepts and guiding principles underlying the idea of *participatory practice* when professionals work in multi-disciplinary teams with the purpose of helping and supporting families - and other service users - to grapple with various problems, difficulties, and challenges in life. First, we briefly outline our backgrounds. Loek Schoenmaker's work is based on the philosophy of social or relational construction¹, where the relational dimension² is centralised, while Ben Furman's work focusses on solution-focused approaches³.

Focusing on the desired future, giving voice to clients, working with collaborative and dialogical practices⁴ is where the work of Loek and Ben converges. Next, we will explain what we mean by partnered processes, why are these so important, and what is meant with learning partners. Finally, we will close this chapter with a set of basic concepts of which we think they are important to work from and our final conclusion.

Social construction, the essence

Social construction or relational construction, both words can be used interchangeable⁵, focuses on the *relational dimension* in human processes. One could say that working in multidisciplinary-teams is a human practice. People working together. Despite this, we often work, as the constructionist would call it, from *an individual standpoint*. This rises questions if we are really working *together*.

The traditional idea is that the professional is very well educated and even has his official certification to do so and will try together with the other professionals in the multidisciplinary-work, to help their clients. In this case: the problem family. From an individualistic standpoint these families are often seen as laymen. People who have problems, who are not trained in how to help problem families, they

¹ Gergen, K. 2004; McNamee & Hosking, 2006

² Gergen, K. & McNamee, S., 1999, in Relational Responsibility.

³ De Shazer, S., 1982

⁴ Schoenmakers, L., 2014

⁵ Hosking & McNamee, 2006

lack professional knowledge. The expert however – the professionals - knows the best, they consult the family, they are trained in certain techniques, the family should listen and follow the advice of the experts, and when it fails, it is the family to be blamed. Often these families must deal simultaneously with a multitude of professionals and the history of such professional help is not always successful. Realising that we put this in a sharp contrast, knowing that there are meanwhile many different forms of working with problem families, it helps to set our point and to question it this is *working together* what we will discuss in this chapter. The positioning of the family from an individualistic standpoint - as laymen - makes it very clear that the power of change is on the plate of the professional. Just the idea of labelling these families as *problem families*, puts the focus of the problem at the part of the family. As constructionist say, *words make worlds*, so by using labels such as *problem family*, we create a reality where we make the problem static, an entity, in which we almost blame the family to have problems and not following up the advice of the professionals. And above all, we keep them in this static victim position by naming them *problem families*. Working from the individualistic standpoint constructs a process in which we are easily out of relation where families are made powerless.

The interesting thing from a constructionist standpoint is, that when *words make worlds*⁶, we can change our reality by using language as a tool for change⁷. So, what would happen if we would say: there are problems. These families experience problems, but in our social construct (the family and professionals, and the indirect others, in this specific context, in a given time period) we construct these problems together. So, we shift our lens from *the individual* towards *a relational orientation*. The interactions between all who are involved in the process creates a reality in which professionals and laymen are working together. Because of the alienation which can occur working from this individual orientation makes that we are out of relation, each party stays in its own positioning. Working from a relational view is where social construction comes in and gains its strength. This is where the solution focused conversations⁸ join the social constructionist way of working. Suddenly, the entire conversation changes, because when we are talking from a *we-standpoint*, nobody is to be blamed, that is no longer important. We are together responsible for the problems that need to be solved finding solutions together. Families are invited to be as much powerful as the professionals. It's a kind of social activation. When we are talking from a solution focused standpoint⁹ our language and questions go directly in the direction of the wished future. The answers will follow on this. The ten basic concepts described later in this chapter are crucial to set our mindset in the right direction.

⁶ Burr, 2007 ; Gergen, 2004, McNamee & Hosking, 2006

⁷ Gergen, Gergen & Schrader, 2009

⁸ Furman & Ahola, 2019

⁹ West, D, Bubenzer, D., Smith, J., Hamm, T. ,1997

Crucial questions to be asked

So, when we work from a *we-position* our way of talking changes dramatically. In stead of focusing on the problems, spending a lot of them analysing them, to get more image of the problems, we start to focus on what *we* are constructing together in this specific context.

- What are **we** making together? What by-products are coming out from this?
- How are **we** doing this, and is this what **we** want?
- What is it what **we** want? And how can **we** make this?
- Does this lead to a better future and wellbeing? How do **we** know this?

These four simple questions change our way of conversation dramatically. As Cooperrider¹⁰ states: the questions we ask determine the answers we will get. They lead to specific interventions which are dialogical and collaborative oriented. When we work from the *we-orientation*, *the relational awareness will grow*, our mindset will change, and we will interact in a different way. The relational awareness or relational mindset let all player realise that we are all working in the same social construct. It is from out our interactions that we construct reality¹¹.

Looking from a *we-orientation*, we are all important, we feel all responsible to find solutions for a better and hopeful future. Giving voice and power to the families who experience problems in their daily life opens new doors to find solutions. Did you notice the change of language we are using? In stead of talking about problem families we are now talking about families who experience problems. The whole narrative is turning into a new narrative, a new story. By giving voice to our families, seeing them as equal important experts, we invite their world of expertise and knowledge to enter the conversation. The assumption that *we are all experts*¹² makes us realise that we as professionals can learn a lot from these families, not only about the problems and the solutions we will find, but also form our own way of working. So not only the solutions we will find will be better, but our work as professionals will improve. This brings us to the impact and importance of solution-focused approach.

Solution-focused approach

The word solution-focused was coined in the USA in the 80's by a team of family therapists¹³ who worked together to discover best practices for brief therapy. They made a number of interesting observations and developed a range of practices that they decided to call "solution-focused" as opposed to "problem-focused", which was a term that had been used by the researchers at Mental

¹⁰ Cooperrider, 2005

¹¹ Gergen, 2004, Burr, 2007, McNamee & Hosking, 2006

¹² Schoenmakers, L. 2014

¹³ West, D, Bubenzer, D., Smith, J., Hamm, T. ,1997

Research Institute in Palo Alto. The term solution-focused was used to emphasize the idea that in their approach the focus of their approach to brief therapy was not on understanding the vicious circles that maintain problems (as was typical of the MRI approach) but on understanding the processes that produce change regardless of what it is that causes or perpetuates problems. The tools of solution-focused brief therapy consist of an array of useful questions, or topics to be discussed with clients.

These include clients' ideas of their desired future, appreciating positive changes that have already taken place, analysing exceptions (times when the problem has not occurred), observing progress and giving clients credit for whatever progress they have made. Solution-focused approach can be defined as a *goal-oriented and resource-based* approach to practice where the emphasis of conversations with clients is not on problems and on trying to understand their causes, but on helping clients describe their goals, wishes and best hopes for the collaboration with professionals and using various techniques, mostly questions, to empower them and to help them discover their own unique ways to achieve those goals.

Solution Focused Therapy¹⁴ differs from most other therapy approaches, which tend to be much more *problem-focused*. What we mean by problem-focused, is that the worker and the client devote a considerable amount of time to discussing the client's problems and trying to understand factors that are causing or exacerbating those problems. In solution-focused approach, in contrast, the focus of the conversation is significantly less on problems and much more on themes such as:

- what is the client's desired outcome of the meeting?
- what goals does the client want to achieve?
- what similar challenges has the client dealt with successfully before?
- what resources does the client possess that can help them achieve their goals?
- what progress has the client already made in the direction of their goal?
- what small steps of progress the client hopes to make next?
- what ideas does the client already have of what to do to improve things?

Insoo Kim Berg¹⁵, one of the key figures in the development of solution-focused approach, used to emphasize that Solution Focused Therapy is not about *solving problems*, but about *building solutions*. She made a clear distinction between problem-solving and solution-building and argued that these two approaches are fundamentally different from each other.

¹⁴ Furman & Ahola, 2019, West et al, 1997, De Shazer, 1982

¹⁵ Berg, I.K., 1992

When we solve problems, we usually follow a logical procedure, which consists of describing the problem in as much detail as possible, exploring the history of the problem and trying to figure out what has caused it.

Solution-building is a quite a different procedure. It is not based on trying to understand the problem, but on developing a clear vision of how the client would want things to be in the future, and then using that vision as a springboard to discover ideas of how to make that vision come true.¹⁶ This focusing on the solution and the future can also easily be recognized when we look at the work of Cooperrider¹⁷ and his appreciative inquiry. Appreciative inquiry can be seen as social construction in action.

The problem-focused approach has its merits; it is good for solving the kind of problems in which it is possible to identify an underlying cause that can be fixed. In medicine, for example, it is important to know what is the underlying cause of the patient's symptoms, and when a machine has a malfunction, it is important to find out what is causing the malfunction. The solution-focused approach, instead, is suited for solving complex problems, problems in which it is difficult, or perhaps impossible, to know with any certainty what is causing them, or alternatively, the explanations that professionals propose or clients themselves hold, do not offer any practical ideas of how the problem could be solved.

What do these two approaches have in common?

We believe that the ideas of social construction and solution focused work can form a solid base for finding new ways in working in multi-disciplinary teams with families who experience problems.

The not-knowing or curious stance

Both approaches start from what we would call *the not-knowing-position*¹⁸ or *the curious stance*. How does conversation unfold when we start by saying something along the lines of: *Let's be open, let us forget what we know for a moment*, and let the curiosity do its work. Often, we are full of assumptions, based on our experiences of right or wrong. We are often influenced by our expert knowledge. And of course, we as professionals have knowledge about what kind of help would be the best and we can base our assumptions on theories. And the families, of course, do not have such specific knowledge... But! When we work from the idea that we are all experts, we suddenly realise that these families also do have their own knowledge. After all they are the experts of their own way of living, they know their context, they are the experts on how they experience our way of working with them, and of course they have lots of knowledge often about what is NOT working to solve the problems. So, by having this

¹⁶ Furman & Ahola, 2019; Furman, 2019, Furman, 1997

¹⁷ Cooperrider, 2005

¹⁸ Anderson & Goolishian, 1992

open mind from the start, putting temporarily aside all our knowledge, opens the doors for a fresh start where everything is possible.

The appreciative stance

To be heard, seen, and listened to, seems to have a high impact in how we are working together with families in our multi-disciplinary teams. Again, this is where social construction and solution-focused approach come together. The appreciative stance is a mindset, a way of being, more than a technique. When we really respect each other, when we are really open for each other's ideas, opinions, or critical and sometimes negative or frustrated voices, weird answers, this appreciation helps us to build strong relationships. So, appreciation doesn't mean that we are always positive, friendly, and kind. We invite each other to have a voice and to participate in creating the language to describe the world. It is not about trying to find agreement as soon as possible, or finding out who is right or wrong, but more about understanding of each other.

It is our experience this appreciative stance opens new doors and possibilities and above all it produces mutual trust and respect in the process. The key is to work in a way that is based on authenticity and integrity. Again, taking from an appreciative stance will change the way we talk with each other, the words we use and the questions we ask.¹⁹ *What is the best future you wish for? What resources might we use? Who can help you? What qualities or skills do you already have...? What do you or we already know at this moment? What have we as a multi-disciplinary team together with you achieved and how will it change your future?*

Focusing on the future and possibilities

These both approaches focus on the desired future. Solution-focused approach focuses on the desired future. How can we as experts know what the best future is for our families, our clients? According to our experience²⁰ collaborating with clients on their desired future motivates everyone. After all, who doesn't want to have a better future, instead a future with problems! Giving voice to the family in this case means that we make them responsible for constructing their own futures. This makes the work of multi-disciplinary teams so important. By changing the focus of the conversation from problems to possibilities, we help families to get out of their dominant story of negativity and the impossible. And of course, it effects our work as professionals as well.

Social construction also strives to construct hopeful and better futures which we can all benefit of. One of the outcomes should be increased well-being. The central leading questions are: What hopeful future do we want to construct? How can this increase the level of well being? This future oriented

¹⁹ Cooperrider & Whitney, 2005, Gergen, Gergen, Schrader, 2009

²⁰ Schoenmakers, 2014

approach leads to the use of different language which we already have pointed out earlier in this chapter. The constant invitation of “others” who could be important in realising the wished future is crucial. This goes further that the level of professionals, it might be other family members such as grandfather or grandmother, sister, brother, close friends, the teacher and so on. By doing so, by increasing the field of participation, the chance to find solutions will increase dramatically.²¹

The relational perspective

When we use the curious, not-knowing stance, the appreciation of all voices, focusing on the desired future, then by doing so, our relationships become stronger. In a way we are generating or producing trust and respect as by-products from how we go on together as an outcome of our relation oriented processes. Therefore social or relational construction as foundational thinking and starting point becomes so important in the way we work as multi-disciplinary teams. We centralise the human dimension by not only developing better relationships between professionals and families, our clients, but we also pay attention to the relational processes.²² Adding the essence of solution-focused approaches again stimulates these “relation-making” processes. After all this approach also invites all members to bring in their voices, find solutions and listen in respectful ways to each other, these dialogical and collaborative activating practices feed the relationships.

Partnered processes, why are they so important?

Perhaps there is nothing to add to this. It becomes quite clear. Relation-making processes or *partnered processes* are important. Our experience in many contexts again and again show that anything is solvable as long as we invite everybody to participate in the process of finding solutions. Partnered processes mean that the by-product of how we are working as a multidisciplinary team and the families delivers partnership as an important outcome. It is easy to understand that when trust and respect are increasing in the process, this influences our partnerships. It all starts with the mindset of the professionals in the multi-disciplinary teams. It starts with our decision to switch from an I-orientation towards a WE-orientation. As soon as we make this choice, the change begins. We will no longer speak using words such as “we and them”, “here and there”, “you and I”, but the word “we”, how can we change the future!

For the multi-disciplinary team members, it means that it is no longer enough to be good at one’s own specialisation. To establish partnered processes, members of teams need to learn how to construct these processes together with others. Social competences, communicative competences, creative competences, solution-focused competencies and so on are perhaps even more important.

²¹ Schoenmakers, 2014

²² Schoenmakers, 2014, McNamee & Hosking, 2004, Burr, 2007, Gergen, 2014.

When we succeed in realising these partnered processes, then these partnerships make it easy to find solutions for the desired future. Partnership from a family-point-of-view means to be valued, to be seen as an equal expert, to be treated as important. This makes the processes easier. The mutual trust that solutions will be found has an enormous impact on the process. In the process of partnering the support base as well as the carrying capacity will grow.²³

Learning partners, the idea

In these partnered processes, it becomes hard to speak about professionals and laymen, or specialists and the non-specialists, clients, and therapists. By using the word *learning partners*, we highlight our equal positions. It is an open invitation to all participants, away from the standard positioning of professional and layman, to contribute with all the knowledge and experiences we have. This mutual openness and invitation in the process will give space to learning on both sides. We become each other's learning partners. Nobody knows more, we all know different things and when we put them together, try to understand this, from out this partnership new ideas will arise.

Towards partnered processes, ten basic concepts

From our dialogues we learned from each other and found ten basic concepts which seem important for these partnered processes. As you read through these brief descriptions of these concepts, you cannot avoid noticing that many of these concepts are overlapping and intersecting. They are not distinct and separate from each other. Rather, they form a range of related ideas that all ascribe to similar principles, or values that we propose should form the backbone of any professional engagement with clients, values that respect human rights and the just use of power in our societies. In a way these concepts generate *relational engagement*²⁴ while multidisciplinary teams are collaborating with the families. We do realise that there is much more to say about the selection of basic concepts and of course others could have been chosen or added.

The concept of participation can be traced back to the transformative community development movement of the 70s which was greatly influenced by the pedagogy of Paulo Freire. It refers to the democratic idea of inviting citizens to participate in decision making and giving voice to the marginalized sections of society. It is a worldview which aims to put people in control of the decision-making processes that affect their lives.

Participatory practice, as applied to working in multidisciplinary-teams, emphasizes the importance of appreciating the expertise of the clients, activating clients' voices, and ensuring that clients feel that they are actively participating in making decisions concerning them. The object of participatory

²³ Schoenmakers, L. , 2014

²⁴ McNamee, 2019

practice is not only to subscribe to high ethical standards but also to increase the likelihood that clients are willing to commit to any plans or decisions that are made about their life and to secure that they are more motivated to contribute to making those plans or decisions work. From a social constructionist view participatory practices produces what has been called partnered processes.

The basic concepts

The following is an incomplete list of overlapping concepts that are all informative of what could be called participatory practice. There is no order in the listing, all of them are of importance.

1. Client-centred

Client-centred therapy, also known as person-centred therapy, is a term that refers to an approach to counselling developed by Carl Rogers in the 40s and 50s and brought into wider attention by his book *Client Centred Therapy* which was published in 1952. The method “seeks to facilitate clients’ self-actualization, growth and development” and relies heavily on such well-known concepts as “active listening” and “unconditional positive regard”.

With the concept client-centred, we refer here to the idea of putting the client into the centre of conversations concerning them. This means that professionals are interested in getting to know the client as a person, finding out about the client’s wishes, dreams, hopes, resources, own solutions etc. We propose that the idea of putting the client into the centre is a cornerstone of participatory practice.

Client centred professionals are curious. They ask questions to get to know the client before offering expert advice. It is not uncommon these days that services are organized in a way where the needs and practices of the organization offering services, rather than those of the client, are in the centre of the attention. The voices of the professionals play a dominant role in conversations. Client-centred practice is the other way around. Professionals show curiosity and devote more time to listening and to understanding the clients’ perspective.

Client-centredness is conducive to creating a relationship with clients that increases their sense of safety. It also invites professionals to be curious about clients’ previous experiences with services, which in turn allows them to better avoid responding in ways that clients have previously found unhelpful, and responding, instead, in ways that are likely to be experienced as helpful by clients.

Client-centredness extends beyond the individual. It also covers the social network of the client, or the idea of encouraging clients to bring supporters who are part of their social network to join meetings and encounters with professionals. Supporters can have an important role in counterbalancing the skewed power-imbalance generated by a high number of professionals working with the client.

2. Inclusiveness

Inclusiveness refers to the idea of incorporating clients' thoughts, ideas, and hopes into the conversations concerning them. It means inviting clients to voice their opinions, encouraging them to invite their friends or relatives into meetings, to have an open-door policy which means that all people who are concerned are invited, with the permission of the client, to participate in meetings concerning the client. Inclusiveness can refer to inviting people to participate in meetings, but it can also simply mean readiness to establish contact individuals and to allow them to share their opinions or thoughts with professionals when clients agree with this.

By inviting clients to openly share their experiences – positive and negative – with us can help our clients to feel safe, which in turn can lead to more openness. The more our clients feel included in conversations about them, the more likely they are to feel that decisions concerning them are good.

Inclusiveness covers the idea of being open to listening to our clients' criticism and feedback. Professionals working in various services have in the past been infamous of lending a deaf ear to criticism of clients and their families. Inclusiveness entails taking criticism at heart and responding to it appropriately, even apologizing when necessary for practices that the client has experienced as disrespectful.

3. Voicing

Voicing is yet another overlapping concept that can be defined as "giving voice to all those who are involved in the current process". It is the act of giving space for each voice, and all opinions, of inviting more voices, also the voices of those who are marginalized and often silent. It is an attitude of welcoming polyphony, of bearing with conflicting opinions, of inviting everyone to speak or to voice their opinion in some other way. Voicing also includes the idea of giving a voice to children who tend to be excluded from conversations that concern their lives. Voicing generates multiple perspectives that allow professionals to develop a more multifaceted picture of the client's situations, thus allowing for more adequate and perhaps more creative decisions to emerge.

4. Transparency

Transparency is a fashionable term which in opinion is tightly connected to the idea of participatory practice. It refers openness and honesty as opposed to secrecy and concealment. It has been customary in many services to have meetings and conversations about clients in their absence and to keep written records of clients that are not accessible to them. Such practices are becoming less common in many countries due to changes in legislation that aim to reduce opacity and favour transparency instead.

Transparency in services refers to reducing the quantity of what could be called "back-talk" or talking about clients behind their back without sharing the contents of such talks with the client. Lack of

transparency can impede on the development of trust between clients and professionals, whereas transparency, or honesty, openness and frankness, can help build trust between professionals and clients.

These days, in many countries patients can access all their medical records easily through the internet. The principle of transparency aims at making this true also for any other records that service providers have containing information about their clients.

Transparency also contains the idea of professionals communicating their thoughts and ideas to clients in a language that is clear and understandable to the client. Professionals have in the past been notorious for expressing their ideas to clients in a language that is incomprehensible for them and leaves them confused. Transparency means deliberately avoiding the use of terminology and jargon that clients cannot easily understand and withstanding from the use of vague language that obscures what is being said.

This principle is particularly relevant in child protection where children are often excluded from conversations that concerns them. Transparency requires professionals to learn to speak and express themselves in a way that allows children to understand what it is happening to them and their families and why professionals are making the decisions they are making.

5. Empowerment

This popular term dates to the 80s and to the work of Julian Rappaport, an American pioneer of community psychology. Its roots can, however, be traced back to Marxist sociological theory and particularly the so-called Critical Theory. Empowerment is linked to democracy where it refers to increasing the participation and responsibility of citizens in decision making.

More recently the use word empowerment has become increasingly popular within the fields of psychology and social welfare where one way to describe it is to say that it means “promoting clients’ capacity to take control of their circumstances, to exercise their own power to achieve their goals to help themselves improve the quality of their lives.”

Another way to define empowerment is to say that it refers to conversations between professionals and clients, that aim to making clients feel competent, or better, to help them become aware of their competence. The idea here being that people, in general, are more competent than they think and that it is possible to have conversations with them that remind them of their competence and help them realize that they have resources at their disposal that can help them to overcome their problems without having to be dependent on the expertise of the professionals. Empowerment can refer to a style of conversation that helps clients become aware of their inner or external resources, but it can

also refer to any assistance that professionals can give to help clients access the support they need from their own support network or the community around them.

6. Appreciation

Appreciation is a pivotal means of empowerment. By showing appreciation to their clients, professionals can foster feelings of self-efficacy and competence in their clients. Appreciation refers to curiosity that is directed towards clients' ability to cope, progress that they have made, successes that they have had, things that they have already tried, solutions that they have come up with, personal characteristics that they can be proud of, strengths that they possess, interests that they have, ideas that they come up with...

To be appreciated by others is a human need that fuels openness and creativity. By appreciating our clients' ideas and attempts to solve their problems we can foster their feelings of competence and fuel their own ability to discover creative solutions to their problems.

7. Language-conscious communication

Pay careful attention to the language that we use when we talk to our clients. Are we using language that distances us from our clients or language that brings us closer together? Are we expecting our clients to adopt our terminology, or do we try to use their vocabulary? Are we using medicalizing language which turns their problems into diagnoses and illnesses, or do we use normalizing language that is looking for potential and turns challenges and wishes for the future into concrete possibilities?

Clear language or obscure language? Language of hope or language of pessimism?

Social constructionism is a similar idea because in social constructionism is based on the idea that reality, or the way we see the world, the way we perceive the words, is largely dependent on how we speak about the world, what words we use and what kind of language we use as we speak about the things that are happening inside and outside of us. Reality, so to say, is formed by the language that we use to describe it.

Language is a means of shaping the future – we can focus in our language on goals and dreams rather than problems and their background... it does not cost a penny to change the way we speak...

The language of change or the language of stagnation. The language of hope or the language

8. Collaborative relating

This term was coined by Loek Schoenmakers (Schoenmakers, 2014). It refers to the observation that for multidisciplinary team to be successful it is not sufficient for the various members of the team to collaborate, or to work together. They also need to find a way to work together that promotes the

quality of the relationships between the team members, that fosters true partnership within the team and prevents team members from falling into the trap of criticizing or blaming each other for failure or lack of progress.

Collaborative relating is an art in and of itself and consists of many elements. These include, among other things, the ability to apologize, when we have inadvertently offended another team member and the ability to thank them, or to praise them, when they have done something that we think has been good or that has helped us in some way. Active listening, curiosity, experimenting with new ideas together, building on other team members' ideas, brainstorming together, openness and sharing are examples of other widely recognized features of collaborative relating.

9. Dialogical practice

Dialogical practice refers to a respectful culture of communication and conversation – the opposite of what we are seeing on the Internet these days – where all participants are seen and treated as equal partners in the conversation. Participants obviously possess different areas expertise with which to contribute, but rather than being based on authority – or the idea that professionals are supposed to have all the answers – dialogical practice relies on the idea that all participants can contribute to the emergence of a mutual understanding of what has happened and what should be done about it.

The concept of dialogical practice also extends to children and others with limited capacity to understand what is happening. Dialogical practice entails inviting also those individuals, who have traditionally been excluded from conversations, to be part of the dialogical process. Adults who include children in dialogues are often surprised by the ingenuity of ideas that children can bring into conversations when they are properly included in the process.

10. Solution-focused approach

Solution-focused therapy was invented in the 80's and has since become an established and evidence-based therapy approach that is practiced in many countries around the world. Solution Focused Therapy is a style of therapy – or coaching – that can be characterised as a method of therapy (or coaching) that aims at *eliciting hope* in clients and empowering them to overcome their own problems, or achieve their goals, with minimal professional involvement.

The methods used in solution-focused therapy and coaching include, among others, helping clients

- create detailed visions of what would constitute for them a good outcome of the conversation with the professional attempting to help them,
- define manageable and incremental goals for their progress
- become aware of their own personal resources that they can utilize to make progress

- become aware of various sources of external support that they can benefit from
- appreciate their own perseverance, inventiveness, and ideas

Solution Focused Therapy offers professionals a set practical tools and guidelines that help them host conversations that embody the principles and concepts that characterise participative practice.

To conclude

We hope that this chapter makes it apparent that combining social constructionist work and solution-focused approach can be a strong foundation for working in multi-disciplinary teams with families experiencing problems. Centralising the relational dimensions humanises the helping process, focusses on the desired future and helps families to find their own ways to construct and to be responsible for their own futures.

We are convinced that this leads to a higher level of wellbeing, for the families as well as for the professionals in our multidisciplinary teams. It also starts with a shift in our mindset in how we look at our realities.

We construct the world, and the world of possibilities opens when we do this together!

References

- Anderson, A., & Goolishian, H. (1992). The client is the expert: a not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25–39). Sage Publications, Inc.
- Burr, V. (2007). Second ed. *Social Construction*. Routledge. London.
- Cooperrider, D. & D. Whitney.(2005). *Appreciative Inquiry. A positive revolution in change*. Berrett and Koehler
- Furman, B. & Ahola, T. (2019). *Solution talk: Holistic Therapeutic Conversations*. Norton New York
- Furman, B. (2019). *Kid's Skills: playful and practical solution finding with Children*.
- Furman, B. (1997). *It is never too late to have a happy childhood*. BT Press.
- Gergen, K. (2015). *An Invitation into Social Construction*. 3ed. Sage London
- Gergen, K, & Gergen, M. (2004). *Social Construction: entering the dialogue*. Taos Institute, Chagrin Falls Ohio.
- Gergen, K. Gergen, M. & Schrader, S.M. (2009). *Constructing together*. Interpersonal communication

as Relational process. Penguin Academics.

Hosking, D.M. & McNamee, S., Ed (2006). *The Social Construction of Organisation*. Liber & Copenhagen Business school press.

Berg, I.K. (1992) Family Preservation. McNamee, S. (2019). You Tube video. *Relational Engagement*. BT Press. <https://youtu.be/k0tAbllgGAQ>

McNamee, S., Gergen, M., Camargo-Borges, C., & Rasera, E.F. (2020). *The sage handbook of social constructionist practice*. Sage. London.

Schoenmakers, L. (2014). *Happily Different*. Taos Worldshare Books

Shazer, Steve; Berg, Insoo Kim; Lipchik, Eve; Nunnally, Elam; Molnar, Alex; Gingerich, Wallace; Weiner-Davis, Michele (1986). *Brief Therapy: Focused Solution Development*. *Family Process*. **25** (2): 207–221. [doi:10.1111/j.1545-5300.1986.00207.x](https://doi.org/10.1111/j.1545-5300.1986.00207.x). [ISSN 0014-7370](https://doi.org/10.1002/9781118530014.ch12). [PMID 3732502](https://pubmed.ncbi.nlm.nih.gov/3732502/).

De Shazer, S. (1982). *Patterns of Brief Family Therapy: An Ecosystemic Approach*. New York: The Guilford Press. [ISBN 0-89862-038-4](https://doi.org/10.1080/08933200.1982.10557000).

West, . D.; Bubenzer, D.L.; Smith, J.M.; Hamm, T.L. (1997). *Insoo Kim Berg and Solution-Focused Therapy*. *The Family Journal*. **5** (4): 346–354. [doi:10.1177/1066480797054014](https://doi.org/10.1177/1066480797054014). [ISSN 1066-4807](https://doi.org/10.1066-4807). [S2CID 143032470](https://doi.org/10.1066-4807).