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INTERVIEWS

SFBT Is Now the Most Commonly Used Therapy in Finland: Interview With Peter Sundman, Ben Furman and Riitta Malkamäki 🇷🇺

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Finland, a country of 5.6 million people, was the first in the world to get Solution Focused Brief Therapy (SFBT) accepted into the national psychotherapy frameworks and systems. In this interview, three veteran practitioners, supervisors and trainers look back on how this was achieved, what helped and where SF practice is now. This interview is not only a piece of historical reflection, it will also be of great interest to those seeking to establish SF practice in their own countries, grow the field and consider the pros and cons of engaging with established national organisations. Full article in Russian

Peter Sundman is one of the SF pioneers in Finland. He has been working in the social- and health care since 1978 first as a social worker then as a couples- and family therapist and since the 1990's as a SF trainer, work supervisor, coach and later SF psychotherapy trainer. He has published several articles on applying SF in different contexts.

Ben Furman is a psychiatrist and internationally active teacher of solution-focused therapy. Together with his long-term colleague Tapani Ahola he has written many books related to solution focused therapy in addition to being co-founders of the Helsinki Therapy Institute where they have trained hundreds of Finnish professionals into the art of solution-focused therapy.

Riitta Malkamäki has been mesmerised by SF ideas and ways of working for decades. She also has quite strong narrative influences in his work as recognised training psychotherapist and supervisor and as a work ability and leadership coach. She has been very enthusiastic board member in Ebta and in many finnish associations. She lives both in Finland and Italy, for beauty of life reasons.

Ben: Before we start, SFBT is the now the most commonly used form of psychotherapy reimbursed by national health insurance here in Finland (according to the latest figures from the National Occupational Health Institute.

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JSFP: How did Solution Focused practice arrive in Finland?

Peter: I have a picture to share about that *(see Figure 1)*. From what I've heard, it started in the 1970s with John Frykman and his A-Clinics – this would have been Mental Research Institute (MRI) brief therapy of course.Then Elam Nunnally from the Brief Family Therapy Center team in Milwaukee had a Finnish wife, he was here every from the 1970s and started training the Church Family Guidance Centres. In 1979 the Mannerheim League translated the book *Change* (Watzlawick et al., 1974) into Finnish – the MRI work was a precursor to Solution Focused. They continued, and Ben and Tapani Ahola started their training institute in their premises. Then in the late 1980s Steve de Shazer and Insoo Kim Berg started to come here; the Open University ran trainings with them, part of the Summer University system. Ben and Tapani started publishing books around 1985.

Ben: There was not much literature around at the time, so we thought it was our responsibility and duty to make sure we had literature and books available. Now we have some 50 publications in several languages.

Peter: My own network started in the early 1990s with the TaitoBa instituite; we did training and supervision as well as therapy and coaching. There was also a project at the VOK rehabilitation foundation which become part of the big Helsinki psychotherapy study which was important in getting SF into psychotherapy. And then in 1995 we started Ratkes, the Finnish SF association which was a very important part. All in all, I think a large group of dedicated professionals have introduced and implemented SF in many parts of the social- and health care.

Ben: The original reason we needed an association was that we wanted SF to be recognized by the Government, the Ministry of Health and they would not talk to a private company, they wanted to talk to a neutral association (as they had with all the other schools of psychotherapy). So we had to start an association to negotiate the rules and regulations with them. It wasn't enough to start the association; it was a long struggle anyway!

Peter: I also noticed that other companies have been implementing SF ideas in leadership and other things, positive change, even since the 1980s. The Mannerheim League started with school counselling and they have a rehabilitation centre and school projects. So you see – it's taken us 40 years of dedicated efforts to get to where we are now. Then in yellow I have put in my ideas about what has been useful and important. It's been a commitment by many – there have been 25 people closely involved since the outset. And of course having good trainers is important, as well as good results! Then we learned maybe too late about the importance of having accredited trainers – that was crucial.

Riitta: I think supervisors are an important part of this. I lead a supervisors association in Finland, Suomen Työnohjaajat ry (Story). We have 3000 members and many of our members are solution focused, trained in SF supervision. It's important; they are working in many different areas including public and private sectors.

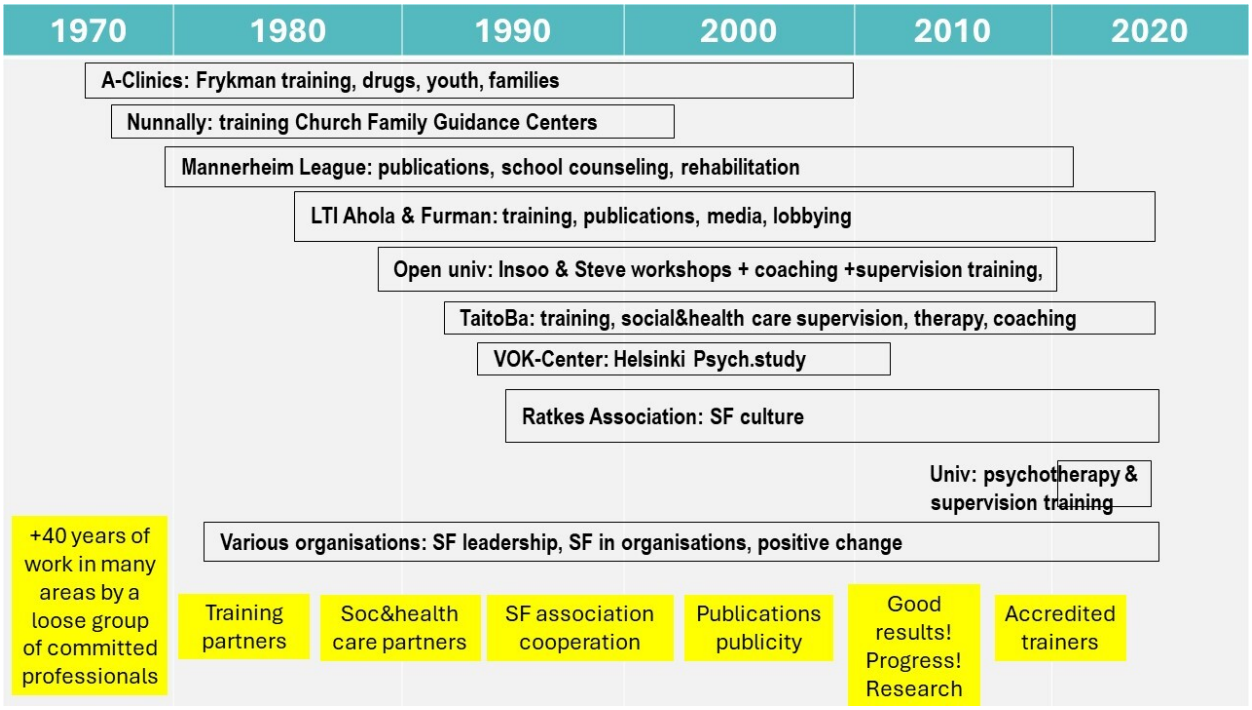

Figure 1. Development of brief and SF practice in Finland (Peter Sundman)

Ben: In Finnish law it's mandatory for employers to offer supervision to mental health workers – which is why there are so many of them and there is an organisation to give accreditation.

Peter: We've been training supervisors for all these years. The training is 2.5 – 3 years for supervisors, which means we can not just train techniques but also the thinking. For 15-20 years there has also been coach training which is one year.

Riitta: For me it was very important that some years ago our Prime Minister Juha Sipilä had a key project to support part time working; he chose the SF approach for this big project. We trained over 1000 work ability trainers over three years. I was the SF specialist on this project with our prime minister – it was great. We were lucky to have that. There was an article published about it in English (Nevala et al., 2022).

Peter: Sanna Marin's government (2019 – 2023) used SF ideas to negotiate their programme for government, to start with round table discussions with the visions and goals and then figure out what was economically possible.

JSFP: Please go back to the time when the Ratkes association was starting in the 1990s. How did you do that? How did you help to create such a strong association?

Ben: I can tell you the story. The organisation under the ministry of health, the 'National Supervisory Authority for Welfare and Health (Valvira) has the responsibility for assigning medical doctors, nurses, psychologists.. they give the status, the right to use that name. So, psychotherapist is a protected title, you are not allowed to call yourself that unless you are accredited by the ministry. The people in the team who were deciding which schools of therapy could apply for this hated the idea of any brief therapy. All

the experts in the team did everything to prevent SF from become accepted. But, the leader of this body, Aila Lind was not a medical person, she was a lawyer. She got the idea that brief therapy was a good idea and she went against the experts. She single handedly wanted to promote SF as a form of therapy and she succeeded.

Peter: I remember that you, Ben, circulated among the SF trainers a paper with the requirements of the training. The critical part was 'personal therapy' – you had to be in therapy to become a therapist. In the end we called it 'personal development' and did it in small support groups. Then we had the first training in 2000, that's continued and the system has developed.

Riitta: It's quite sad that it's a matter of personal opinions and persons, contacts and connections. It's not right.

Peter: This shows that one need people to deal with negotiations with rival parties and lobbying to get public recognition.

Then we had someone who started to use the system in the SF training community for their own personal gain and profit. The government decided to stop this and move all psychotherapy training into universities.

Ben: I think this has happened in other countries too – like Australia. If you want to be a psychotherapist, you have to be trained by one of the universities. It has been like that for several years. There would not be any training without a university to collaborate with. Today there is only one university in Finland, East Finland University, which offers the training.

Now they say that everyone can get the training, but now with universities it's more expensive. The price is double. When it moved to the university they said it would be more connected to research, but it isn't.

Peter: Within the Oulu university that I collaborated with, we managed however to introduce some research in the form of a Microanalysis project each trainee did as part of their SF training.

Peter: In the 1990s we had a nice development going, we were doing trainings, workplaces got interested, there were successful negotiations with the authorities. But then there was also resistance rising. There was a picture on cover of a national magazine of Ben (who had a prime time TV show at that time)– trying to discredit him by questioning his credentials. It must have been terrible for you, Ben.

Ben: It was before the internet. It's not like today with social media pile-ons. I was a kind of influencer of the time (though the word didn't exist at the time).

Riitta: Before SF came, the revolutionary thinking of Franco Basaglia (1924-1980) was popular; it was very different thinking, it changed the whole psychiatric world. And the movie *One Flew Over The Cuckoo's Nest,* there was a lot of deinstitutionalisation, walls were coming down, and it was the right time for SF to come along. The atmosphere was right for SF to come along.

Peter: In Finland it is called the 'November movement' after an incident in November 1967 where alcoholics were dying in the snow, and psychiatrists started to say 'we have to take care of these people'.

Riitta: Basaglia's book *L'istituzione negata: Rapporto da un ospedale psichiatrico* (The Denied Institution: Report from a Psychiatric Hospital, Basaglia, 1968) was very influential. And *L'utopia della realtà* (The Utopia of Reality),

Peter: And you, Ben , were at that time literally opening the doors in the mental hospital you worked in!

Riitta: What happened to that revolutionary thinking? The biological approach took over.

(Editor's note: A new and well-received biography of Franco Basaglia, The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care by John Foot (2023) was recently published in paperback in English.)

Ben: I listened to a lecture by Insoo 2005 or thereabouts, and she was referring to the zeitgeist in the 1970s and 1980s; people wanted to change the world, they were politically active, there was a lot of wanting to make the world a better place. Stop the wars, stop the oppression of people, freedom! The family therapy movement was born, the MRI was born. SF is one of the results of this trend. Insoo said they were also inspired in Milwaukee by what was happening at that time.

Peter: I agree, because when I was asked to write some general social work material for the universities, I was prepared to argue my case with the SF material I had prepared. To my surprise everyone knew or appreciated it – it was accepted. It was seen as part of a bigger picture of empowerment.

Riitta: SF is part of the big big world. It was hippy time. People who were part of the SF developments were visiting Esalen institute in California, and visiting Milton Erickson. Last year I spent the afternoon with Milton Erickson's son and it was so inspiring. I saw the roots, the way the doors were opening, and Milton Erickson was changing the whole thinking, especially the understanding who is the expert and where we can find the power and wisdom for the change. So many new approaches received growth power from those revolutionary thoughts and special ways of working. We are not alone and the idea of SF did not arise out of nowhere.

Ben: There is a sad fact after this period. In Finland the most recent research shows that SF therapists are doing long term therapy! And the Cognitive Behavioural Therapists too. (In Finland it means two years or more). What happens is that the national health insurance dictates how long therapies are. It should be the therapist and client that decide, of course. But, because of the national health insurance guarantees a *minimum* of 40 sessions a year for three years. And it's always individual therapy. There is so much power over the therapists because of the reimbursement mechanism. In Germany there is no official SFBT, it is included in the 'systemic' therapy. Guess what? Most of these 'systemic' therapists do individual therapy, and most do long term therapy. It's a sad fact that even though we want to create

a world with interactional brief therapy, social involvement of the families and the environment, the force is still to individual and long term therapy. *Plus ça change, plus c'est la même chose!*

Peter: Another recent change is the big national social- and health reform in 2023, which moved the services from the local communities to larger communities. They have started to reiimburce 'short term therapy of all modalities. Even the psychodynamic people are getting in on it.

JSFP: Looking back, if you were going to give some advice to people starting out on setting up national associations or expand and become more influential, what would you say to them?

Peter: Group together, find a bunch of like-minded people, start doing training, start publishing things, find partners to cooperate with, and work with the authorities if the compromises aren't too bad. We did SF training for 10 years before the association started, we were criticising the system and we could have been co-operating sooner. And then you need some influential people to co-operate with you, people who trust you.

Ben: We could not have succeeded in making SF a psychotherapy approach in Finland without the coincidence that the leader of the national association was a lawyer rather than a psychologist and she was willing to go against the grain, contradict the experts and negotiate a deal with the association. (I am sure they hated her!) I met her once on an aeroplane and she laughed about it. She had a very neutral position and was a lay person, the others were very traditionally minded and though that SF was 'not psychotherapy', it was more like coaching. They said this because it lacks Iin their view) a theoretical foundation.

Peter: I agree, there are always random events and coincidences. The thing is to be prepared for them.

Ben: Networking is key. Nothing happens if you stay in your own glass house. Lobbying is key – I hated it so much, but it is key! You only need one professor. Prof Yrjö Alanen (1927-2022) has an important place in the history Finnish psychiatry. He was a psychiatrist who studied psychoanalysis and graduated in 1969 as a psychoanalyst and became the professor of psychiatry at Turku University. Before that, in the 70s he worked and did research in Rochester Medical Center's Department of Psychiatry where he befriended one of the pioneers of family therapy, Dr Lyman Wynne. Yrjö was inspired and made it one his goals to bring the idea of collaborating with families to Finland. He was a central figure in the deinstitutionalisation of schitzophrenia patients process in Finland in the 70's and 80s, and the chair of the Finnish Mental Health Association during 1978-1982. During this time he started the first official three year long training program hosted by the association and leading to the official certified family therapist designation.

Riitta: It's difficult to say how to do it in other countries, the systems are so different. In some countries you need money, in other countries not. I think the best way is to get together and try to use whatever you have in your surroundings. Of course, we can share ideas and work, but it mostly has to come from the country context. Asking questions can be helpful too.

Ben: Lobotomy was a very successful intervention – not useful, but very successful! The guy got a Nobel prize for destroying a million brains! So why was he successful? Because the media backed him. Journalists play a role in all psychiatric fads – good ones and bad ones. This is maybe undervalued; there are bandwagons. The latest thing is psychedelics – and the journalists are again on the bandwagon and spreading news of MDMA, LSD or whatever (which is not effective at all and causes a lot of problems).

Peter: Steve and Insoo and Elam Nunnally and others were very generous in coming to Finland and spending time here. I think there are lots of SF trainers who would be willing to help people who are getting started. We certainly are.

Riitta: Nowadays we need Instagram, Tiktok and so on, it's so different to what we did. There are more and more people with nice marketing skills but not so nice professional skills.

Ben: I just want to repeat the sad fact that even now it's becoming more accepted, there is a tendency now away from working briefly and in a community / interactional fashion. Our ideas have been swallowed by the individualistic and long-term therapy culture. Even when we are accepted, it doesn't guarantee any effects of the revolutionary underpinnings and thoughts which caused the whole idea in the first place. You win some but you lose some too.

Peter: We live in a different time and so maybe we need something else today.

Riitta: If you put the new work in the old system...

Ben: There is another example; there is a recovery movement in psychiatry, it was also revolutionary. But now psychiatry has swallowed the movement and it has become mainstream. Every country should beware!

Riitta: One small sign is that when an SF therapist is new in an area, the language is new. And then after a year or so they are talking in the old therapy language – and thinking in the traditional way. If they are working inside the old system they are using the old thinking – that's so sadto see. We still have a lot to do to succeed in bringing the practical change also at wider organisational system levels, although we've made a good start = again - like we did in earlier years, before the return of the biological and medical power and thinking.

JSFP: Thank you very much.

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