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Robert (Bob) Blundo
blundor@uncw.edu

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Group supervision in Child Protective Service: Utilising the miracle question

Robert Blundo

School of Social Work, University of North Carolina Wilmington, USA

In the United States, child protective workers often find themselves in an adversarial relationship with families. They usually carry out indirect work monitoring set treatment plans and making referrals to treatment or intervention programmes such as parenting courses and anger management which have limited effectiveness in reducing risk behaviours. In this descriptive study, a group of child protective workers have undergone Solution-Focused training in direct work with families and are receiving Solution-Focused supervision. The use of the miracle question is outlined in detail as an example of how workers can be encouraged to move towards a more positive, hopeful practice.

The true sign of intelligence is not knowledge but imagination.

— Albert Einstein

Asking the *miracle question* is a significant method of working when engaged in Solution-Focused practice and can be considered when doing supervision (de Shazer, 1988, 1991; de Shazer & Dolan, 2007; Pichot & Dolan, 2003). This technique is reflective of a basic shift in the manner of engaging clients and in this case, supervisees. Solution-Focused practice places the supervisees in the position of being the expert on themselves and their work. This paper focuses specifically upon the use of the miracle question in a Solution-Focused group supervision session with child protective workers (Wetchler, 1990; Selekman, & Todd, 1995; Junke, 1996). It is intended to demonstrate how the use of this technique can expand workers' creativity, broadening the

child protective service workers' perspectives, and enabling a specific worker or group of workers to see beyond the immediate problem or impasse to gain potentially helpful insights and ways of approaching the situation.

The participants in this paper's example are engaging in a research project on the use of Solution-Focused practice in their work with children and families. The group is being trained in Solution-Focused child protective services (CPS) by the author during bi-weekly training and consultation. Some details have been altered, and the location and setting of the work has not been revealed, to protect confidentiality.

In the research project we are undertaking, we have altered the work of the CPS staff to taking on more direct work with the families. Rather than doing indirect work of monitoring set treatment plans consisting of referrals to programmes, workers are being trained to engage the families, using Solution-Focused work, in designing their own set of behavioural changes that will create the safety needed for the CPS worker to close the case. Obviously, this might include additional services such as drug treatment, mental health services, parenting courses, and anger management programmes. However, many of these chronic families have attended numerous parenting and anger management classes without making significant changes.

The focus in the setting of this research is on CPS workers working directly with the family on their desired future of having their children remain with them or having their children returned from foster care. Very specific Solution-Focused work is done by the worker with the family members to identify particular and detailed safety behaviours as goals which the family must accomplish to create safety. Plans for simple, clear behavioural steps toward a goal of safety are laid out, with the family participating in setting their own unique goals, working with exceptions and setting small steps toward the goal of safety.

Moving from supervision to collaboration

Solution-Focused work is a collaborative practice that engages the client in a two-way relationship and perceives clients to be the experts on their life and experiences. When working with 'supervisees', collaboration rather than supervision is more representative of this process. Supervision connotes control and command over something or someone. A form of *power over* is assumed even if it is not overtly intended. Collaboration connotes a discussion between two or more people and the basic idea is *power with* or *between* two or more people. *Power with* connotes that all participants have power in terms of their ideas and experiences having equal authority in the conversa-

tion. This does not deny the fact that supervisors do have specific agendas, given their designated roles and responsibilities in the agency. At the same time, both the worker and supervisor recognise that the intention is to provide guidance, reflection and support.

Solution-Focused supervision within mental health settings, child protective services, addictions and other social service agencies recognises this basic nature of the relationship and is a collaborative interaction focused on the worker's competencies, while potentially expanding clinical awareness. Obviously, the supervisor or consultant is required to confront and stop any unsafe practices and address ethical issues. Competent and ethical practice requires consultation and ongoing learning. Competence by means of modelling and enhancing self-awareness or an ability to reflect on one's own actions and beliefs is one key to growth as a professional child protective worker.

Underlying principle: Engaging the worker's competencies and modelling

Solution-Focused practice takes a different perspective on engaging others around challenges. Rather than uncovering the problem history and underlying pathological relationships and development of irrational thinking, the work is focused on finding out what the client's desired outcome of the work will be when the problems are gone or much better. Once again, the focus is on how to engage clients in a manner that prompts them to create possible futures from within their own life narrative and culture. A caveat here is that when trauma has occurred, or an unalterable crisis has or is taking place, the shift is to coping and what it will take to come to terms with the consequences of this traumatic event and health issue.

The collaborating supervisor, just as the Solution-Focused practitioner, uses various tools of Solution-Focused practice, one of which is *respectful curiosity*; whereby the supervisor is always curious about how the worker sees and understands the situation. O'Connell (2003) describes this curiosity stance as one that:

... prompts the supervisor to find out how best to co-operate uniquely with this supervisee. The exploration will encompass the supervisee's own preferred learning styles, use of language, prior experience of supervision, stage of professional development, personal qualities and context (p. 90).

Respectful curiosity takes the form of questions in solution-focused work. Sharry (2001) refers to solution-focused questions as *constructive questions*

because they "generate new experience about potential solutions and the strengths and capabilities of the client" (p. 33). The miracle question is just such a constructive question. It requires imagination reflective of the life experience of the client or, in our case, the CPS worker. The miracle question engages the imagination of the worker and is focused on a desired outcome or goal. When we think of goals, desired outcomes of our life, these are most likely positive outcomes, possibly overcoming a difficult situation. When people think in this manner it creates a sense of hopefulness and positivity. Groopman (2004) has noted that when considering a positive or desired outcome, hope is generated, and hope involves:

... affective forecasting—that is, the comforting, energizing, elevating feeling that you experience when you project in your mind a positive future. This requires the brain to generate a different affective, or feeling state than the one you are currently in (p. 193).

Another important and basic Solution-Focused construct is that the 'problem' does not happen all the time, in every moment (other than a chronic or fatal condition). A mother does not hit her child every hour of every day. A child does not skip school every day. Anxiety and depression ebb and flow during the day. All of these moments when the challenge is not as severe or is not present are referred to as *exceptions*. These exceptions are examples of what strengths and capabilities the individual has within his or her own repertoire and possible ways of acting that lessen the problem and create a better moment, a possible future.

Why the Miracle Question?

There are many ways to focus the supervisory interventions when working with a practitioner. In the following example, uncovering the clinician's strengths and possible solutions to issues he or she is facing with a client becomes both a model for working from a Solution-Focused perspective with clients while helping the supervisee uncover his or her own creativity and possible solutions to the challenges in this particular case.

The future-directed positive narrative is constructed through respectfully curious questions about desired outcomes or what will be different when there is a resolution of the problem. The miracle question (de Shazer, 1988; de Shazer & Dolan, 2007) is just such a question and a way to encourage the child protective service worker to think creatively about possible ways of working with the client. It helps the members of group supervision and the supervisor to build a new narrative, one different from the problem-satu-

rated narrative. Stepping out of the embedded negative narrative provides an opportunity to consider a wide range of possibilities, including simple overlooked data or facts lost in the negative focus (Berg & De Jong, 1996).

Insight and creativity are reduced when a person is engaged in negative thinking and affect (Compton, & Hoffman, 2013). When the worker's thinking becomes dominated by the negative experiences, cognition is narrowed in terms of possible alternative steps to make things change for the better. The miracle questioning by the supervisor provides an opportunity for the worker to take the lead in creating a different possible outcome. Rather than taking on the responsibility of knowing the 'right thing to do' and taking away the initiative from the worker (and potentially making an uninformed decision), using the miracle question can give the supervisor and the worker the opportunity to consider possibilities that they may never have considered, to recognise exceptions lost in the frustration of a negative narrative, which may create insights for potential actions to resolve the challenges.

This is possible by the use of the *constructive questions* discussed above; those that ask clients to develop a narrative about a possible future and desired outcome rather than questions about the past and descriptions about the problem, its history and its intensity (O'Hanlon & Beadle, 1999). When asked to consider a 'miracle', the child protective worker has the opportunity to articulate ideas that he or she might not otherwise consider. Most of us will censor our ideas and evaluate them before expressing them. This is particularly true if the person thinks of an idea and then assumes it will not work or is unacceptable and, self-censoring, refrains from mentioning it.

The miracle question is asked in a specific way and is intended to open the narrative. Because it can initially appear fantastical, it allows for greater creativity and possibilities to be expressed. In this instance the worker, as well as all other members of the group, is asked to imagine finishing a day's work, going home and doing what she normally does until she goes to bed. Then she falls asleep. But while she is asleep a miracle happens. The miracle is that this impasse, challenge or problem is gone, but she does not know it since she is asleep. Then the worker is asked: "What would be the first thing you would notice that was different with this family that would tell you that the miracle has happened?" "What would be different?" (specifically asking for details of this difference). "What would your client be doing differently? What would you be doing differently?"

When the desired outcome or preferred future is described, a new set of possibilities are voiced that are positive and help generate more creative thinking for all present in the group consultation. Not only the worker but the other workers in the group familiar with the family and the challenges in

working with them contribute insights and ideas. Most often a different and hopeful perspective is gained about the family and their actions, even where cynicism had taken over.

As these are discussed and shared it can be followed by one of two questions. The first is asking if there had been any time during the work with this family that any part of this miracle had ever taken place. This is a possible exception to the problem. The focus then is on descriptions of behaviors that were positive, such as the family was cooperating and taking necessary actions for safety even in small ways.

Now the questions become "What was different at that time? What was the family or client doing differently? What was different about the situation or context of the client's life in any way?" Being engaged with CPS workers and other systems bring about significant changes in the life context of the client. Things are not 'normal'. "What might have contributed to this difference taking place? In what way were you different with the family?" By looking at the situation from the perspective of exceptions or positive responses to the work (and the worker) opens the door to removing some of the negativity that has built up around the family.

Then the supervisor can ask, "If this was possible, how or what needs to happen that might re-engage this more positive behaviour?" The response to this can range from: the family feeling supported and thus making efforts to change; life circumstances changing and creating better opportunities for the family; or a specific interaction with the worker that moved the family in a positive direction. In some of these situations, the worker might have engaged the family in ways that were more helpful and it is important to identify what was most helpful in making the work more successful.

The opposite is also true. What might have the worker done or others done inadvertently that disrupted the relationship and had a negative response from the family? When asked the miracle question and then given the opportunity to explore the situation from a broader and positive perspective, the worker opens doors to insights that might point to possible new understandings of the impasse. Obviously, the focus is usually on the family taking action. The family is seen as the 'patient' or the one that is problematic, leaving out the worker and the staff who might not recognise the consequences of actions they have taken (although not intentionally). By stepping back, the worker and members of the group can gain insight into their own work and the context of the family's life within protective services.

The fact that some part of the miracle or desired outcome had taken place becomes the 'exception' to the problem narrative and is the start of a possible positive and desirable narrative about the future and potential success.

Starting with small successes or steps that create a more helpful working relationship can assist the clinician in taking steps to change the work with a client. The positive narrative now described replaces the negative narrative and provides an opportunity to ask how that positive, hoped-for narrative (describing the desired working relationship), might be brought about if it has not taken place previously. This is an opportunity to critically evaluate the process but in a more positive, creative and hopeful manner. It also is based on the worker's own ideas and insights. When this is done in a group consultation, all members can participate and gain from increased creative thinking and input into the exploration of the challenging situation.

Supervision protocol

The following are a set of questions using the miracle question as a part of supervision or consultation:

1. Have the worker share with you a problem that they might be having during a session or in sessions in general. Make sure that the worker is comfortable sharing with you or with a supervisory group. The idea is to explore possibilities not prescribe predetermined action or treatments. It is not looking at 'what is wrong' but what is possible. Once the worker has briefly shared the struggle he or she might be having or something he or she would like to change, clarify what has been shared by reflecting back and paraphrasing what the intent of the work will be, using key words of the worker when possible.
2. Now ask the following miracle question: Let's say that you finish work today and you go home and take care of what needs to be done and then you go to bed as usual. But, tonight will not be usual. Tonight a miracle is going to happen. The miracle is that the struggles or problem you are having in this situation will disappear. The problem will no longer exist. But, since you are sleeping you have no idea that the miracle has taken place. You get up and do whatever you do in the morning and come to the agency. You are still unaware of the miracle happening. Then you see or hear from the client with whom you have been having some difficulties. What would be the very first thing as the session gets started that would tell you that something is really different? What will be different about you and/or the client that will really surprise you? Things are going so well! A miracle must have happened! What is different?
3. Also, ask "What else?" as a way of finding other possible changes.

4. Now the worker has to describe in detail what he or she would be doing, thinking, and feeling when this change takes place. Remember this is a miracle and any idea is welcome.
5. Now, ask "What do you think the client is doing that helped to make things better?" How would you respond to the client when he or she acts like the miracle question described?" "What do you think you are doing that helped make things better?" And then, also remember to ask "What else?"
6. Explore with the worker how these changes made things better. Even if they focus on the client, ask the worker how this would change how he or she would respond differently to the client and how he or she is feeling differently toward the client now that the miracle has happened.
7. Now ask about exceptions. When were there times when the relationship and the work were similar in any way to this miracle? What was different? Get specific details of the client's actions and the actions of anyone else involved, including the worker and/or the agency. This is important because the negative experiences narrow the focus onto the client as the answer, rather than the context and mired of other possibilities. Remember, "What else?"
8. Get as detailed a description of the exception times and possible changes that might have alerted the exception times Then ask "What would it take to make have these exceptions or miracle take place?"

Example of Solution-Focused consultation

This example has been taken from an actual group consultation or supervision. Recall that the workers and their supervisors are being trained to do more Solution-Focused direct work with families. Usually five to six workers participate, all of whom are social workers with MSW degrees. Although the focus is on one particular case, all members of the group are asked to participate in the miracle question and to make comments during the discussion. This adds to the pool of creative possibilities and aids in teaching solution-focused work and is built around collaborative relationships.

Child Protective Service Worker [CPSW]: I have a real problem. The mother came for a supervised visit here at the agency and she was crazy. She was yelling that she wasn't being allowed to see the kids without someone watching and that she was going to make sure they were OK in the foster home. There had actually been some problems in a previous fos-

ter home and the children had been moved. She was aggressive and demanding that she speak to her children about how they were doing in the foster home and she would question them about what was happening in the foster home. I tried to tell her that that was not appropriate. The children do not need to be questioned about everything. She is there to visit with them. We had to have the police officer come and help to get her to stop yelling. It was really something and I can't see those kids being returned anytime soon. I don't look forward to seeing her.

Consultant: That was obviously very hard on you and everyone else involved.

CPSW: Yes and I don't know what to do anymore. She is impossible. I can't get in touch with her most of the time. She doesn't respond to my phone calls. I have really had it with her. I can't see the kids ever going back with her [other members of the group were commenting about how difficult she was].

Consultant: I can imagine with all the cases you have and the hard work you do it is discouraging. All of you have a very hard job as we have talked about before. Let me ask you one of those strange questions we use sometimes, the miracle question. So, let's see if all of us can play out this miracle question. You go home and take care of what needs to be done and go to bed as usual. Then during the night a miracle happens and that miracle is that this mother is changed, just like that, into the person you would look forward to working with. Now when you awake, you get up and go to work as usual. Of, course you do not know the miracle happened. What would be the first thing that you would notice when you find yourself involved with this mother that would tell you, "This has got to be some type of miracle, I can't believe how this is going!" What would be the first things that you would notice about yourself and about her that would make you think something really strange must have happened?

CPSW: She wouldn't be my client. [everyone laughs]. Seriously, that is hard to thinking about. I guess I would be looking forward to contacting her and meeting with her.

Consultant: What else would be different? What would be different about you and about her that would tell you that this had happened? Something is different?

CPSW: I guess she would be calm and wanting to work on getting her kids

back. I would be calm too, and be able to talk with her about what has to happen to assure safety.

Consultant: What would she be doing that would tell you that she wanted to work on getting her kids back?

CPSW: She would be respectful and calm with me and when seeing the kids she would not be grilling them about the foster home and how they were doing there. She would be just talking with them about stuff. I need to see that she is able to be responsible and committed to having the kids back. She would be responding to my calls and talking with me about what needs to happen.

Consultant: So, has there been any time when seeing her that it was in any way close to your miracle picture?

CPSW: I think at first before the kids were placed in foster care the first time she seemed more willing to talk with me and contact me.

Consultant: What was different about that time? What do you think made things different for her?

CPSW: Let me think. It has been so hard lately. I guess the situation was that until she made some changes the kids would be safe in the foster home and it was temporary.

Consultant: So, what did you do to help make things better at that time?

CPSW: I saw the move for the kids as temporary and that what we had agreed needed to be changed could be done more easily than how it has turned out.

Consultant: So, how do you think what you were doing and saying helped make things better for her at that time?

CPSW: I believe she heard me saying more positive things. She understood that foster care was temporary and the kids would be Ok until she made the changes. I was reassuring and hopeful that this case would work out by following the ideas and changes we had developed together.

Consultant: How do you think that was helpful for her? How did that help her stay calm and work more with you?

CPSW: I guess she felt more secure about the kids and getting back to normal.

Consultant: I can see how that might help her stay calmer and work with

you. What would it take to make that happen again?

CPSW: I don't know, because the kids did have a real problem in that foster home and we had to remove them and place them in another home. She was mad at what happened.

Consultant: So the fears she had took place. Given that situation, what did you think has changed for her?

CPSW: I guess she does not believe me about keeping the kids safe and it has been harder to talk with her because she is so mad at us for taking them and then having to move them again.

Consultant: So, what might you do to help her believe you again?

CPSW: I am not sure, she is so angry now.

Another CPSW in the meeting: Sounds like she's a mother grizzly bear.

Consultant: Tells us more about that. In what way is she a mother grizzly?

Other *CPSW:* Well like now she sees her cubs in danger and she is attacking us just like bears do when they have cubs.

Consultant: So, if that is happening, what does that say about this mother? What does it tell you about her?

CPSW: She is mad at the fact that we did not protect her kids well and had to move them to a new foster care home. She is trying to protect them like any mother would. She doesn't trust me or us anymore.

Consultant: That makes sense. What would you have to do to try to reach out to her when she thinks the agency does not see her as a good enough mother now and might not be protecting her children?

CPSW: I need to be able to tell her that I do know she cares very much for her children and their safety and she is a good mother in many ways. I guess her anger was like a bear and her cubs. She should not have done it that way, but I can see how she might be feeling now.

Consultant: So, given that she is refusing to see you, how might you let her know what you think about her as a mother and the possible fears with having had the kids being removed from the first foster home?

CPSW: I sometime write letters to clients. I could write her a letter letting her know that I know she really cares about her kids' safety and wants to have them with her. I can try to reassure her about her concerns giv-

en the last foster home situation. Also, that what we had worked on can still happen so that her kids can come back home.

Consultant: So, is it worth the effort to let her know that? Is that something you could do soon?

CPSW: Yes. I will meet with my supervisor and draft a letter to her.

Consultant: Obviously we have no idea how this might work or might not work in this case. But it seems like this might be a possible way of reengaging her in the way you had originally engaged her. Let's see what happens.

[The mother actually showed up for a session with the worker and brought the letter with her. She was much more agreeable and had a good visit with her children.]

Building on progress

In this example the workers (all members of the group) have learned to step out of the problem-saturated talk with increasing negative judgments being made about this client. They have found that by stepping back and looking at what the possibilities might be, rather than getting caught up in all that is wrong, they can begin to take other perspectives on the behaviours and find creative ways to engage the client. They can recognise what they might or might not be doing that is having an impact on the process and the work with the client without focusing on what went 'wrong' and staying with the negative stories about the client's behaviours. The focus is on the possibilities rather than the 'failures'.

This has made the sessions with workers an increasingly positive growth experience and positivity is always connected to creativity and thinking in a broader manner (Fredrickson, 2001). Rather than repeating the usual narrative exploring potential problems or deficits, the experience is building confidence and the ability to consider options and possibilities. The workers have been able to learn to do this on their own and self-reflect in a more productive manner. From my experience, solution-focused consultation (supervision) helps provide the opportunity for workers to step out of the narrow focus of the negative narrative or worse, the tendency to put more pressure on the client and become more critical. Instead they can demonstrate their creativity and the art of the work they do when constructing a narrative of possibilities and positive outcomes with families and their approach to them.

The follow-through in the next session is usually initiated by asking,

“What has been better?” meaning anything including the issue that was the focus of the previous session. Here the opportunity is to discover any other positive change as well as following through with how the new effort made a difference. This again maintains the positive expectation and potential for movement to having improved outcomes. Even if only small shifts have been noticed, these small shifts are first steps to better outcomes. The conversation can then become how to build on these. It has been suggested that we use scaling in our work and of course that is something we have started adding to supervision. It is used in the work between the worker and the client as part of their training as more active and engaged CPS workers.

Conclusion

Solution-Focused work requires a very different perspective from what is usually a pathological view of the family needing to be treated or fixed by special services. The CPS system in the United States is in many ways an adversarial encounter, (although it is not considered to be by the agency and workers). In the United States, families are deemed problematic and then sent to various services which then are monitored by the CPS worker. The worker creates a plan of intervention and then expects the family to engage in psychotherapy, parenting classes, drug treatment or anger management classes. If the family members do not comply then pressure is put on them to participate. This position sets up an adversarial relationship and also encourages workers to look for the negative behaviours such as ‘not attending’ some intervention programme. Shifting from this ‘adversarial’ expert role to a strengths-based, Solution-Focused and collaborative case work role is not an easy change to make. The idea of protecting children overrides the opportunity to engage the family in the exceptions and potentials of Solution-Focused direct case work with the family to make changes and utilise services. The focus on what is going wrong, and identifying negative behaviours which are creating a safety issue for the children, are obviously significant as the focus of the work is to protect the child. Yet, the intention is to also enhance the function of the family and maintain the child with his or her family.

The constant repetition of problematic family situations over time can result in supervisors and workers becoming jaded and blind to what is possible. This is very difficult work and the worker is on the front line of a great deal of pressure and politics. Thus, it is very hard to shift away from the traditional role as ‘overseer’ of the family. In this role, the workers often take on a very narrow and negative perspective that results in worker frustration and negativity toward the families.

This research project and the work just described is an effort by this agency to make real changes in how child protective workers see families and work with them. This is the first real challenge for the workers learning Solution-Focused practice; to stay on the side of what works and what the possibilities or opportunities are that can be created when one is creative and learning to think in a broader context. Enhancing awareness through Solution-Focused practice by stepping back and looking at possibilities (no matter how farfetched they might seem to traditional practice) is one key to prevent falling back into dissecting negative problems and giving suggestions on what to do. It also helps focus the work on the efforts of the worker without taking a judgmental stance. Many times, these opportunities for creativity and imagination, like trying the miracle question, can help open workers and supervisors to see the situation anew and find other options and perspectives.

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About the author

Robert (Bob) Blundo, Ph.D., MSW, LCSW, BCD is Professor of Clinical Social Work at the School of Social Work, University of North Carolina Wilmington, Wilmington, NC, U.S.A. and Director of the Strengths and Solution-Focused Collaborative. Bob teaches Solution-Focused practice at the undergraduate and graduate level and conducts training and develops Solution-Focused programs for regional agencies through training and consultation.

Email: blundor@uncw.edu