

7-2014

Emeritus Professor Wally Gingerich

Alasdair Macdonald
macdonald@solutionsdoc.co.uk

Follow this and additional works at: <https://digitalscholarship.unlv.edu/journalsfp>

Recommended Citation

Macdonald, Alasdair (2014) "Emeritus Professor Wally Gingerich," *Journal of Solution Focused Practices*: Vol. 1: Iss. 1, Article 9.

Available at: <https://digitalscholarship.unlv.edu/journalsfp/vol1/iss1/9>

This Article is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Article in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Article has been accepted for inclusion in Journal of Solution Focused Practices by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

Emeritus Professor Wally Gingerich

Interviewed by Alasdair Macdonald

Dr Wallace Gingerich (known to all as Wally) was one of the original team members and founders of Solution-Focused Brief Therapy at the Brief Family Therapy Centre (BFTC) in Milwaukee, Wisconsin, USA and he was one of the authors of the first publication to clearly and systematically elucidate Solution-Focused Brief Therapy (de Shazer et. al., 1986). Alasdair Macdonald interviewed Wally in September 2013.

What first brought Steve and BFTC to your notice?

It was 1982. I had been teaching social work practice courses at the University of Wisconsin-Milwaukee for some time and was looking for a setting where I could get back into practice myself. I was interested in BFTC because of their training program which included weekly seminars and live supervision of work with real cases. It could be a guided and protected environment for getting back into the swing of things.

I was not initially attracted to BFTC because of their approach. In fact, I didn't know much about it at the time other than their reputation in the community which was that they were an innovative, unconventional and even radical group and in the minds of many in the practice community pretty far out. Conversely, I was attracted to BFTC because it was a place where I could get back into practice, even though I was a little suspicious about their approach.

Steve and Insoo, on the other hand, were worried about what I might be up to, whether "this guy from the university was trying to infiltrate us to find out what we do and cause trouble." On the other hand Steve was interested in me because of my research background, and eventually they agreed to take me on even though they were a little suspicious of my motives.

What were you doing in your own work at that time?

As I mentioned earlier, I wasn't actually doing any clinical work at the time. However, my previous experience in the mental health field persuaded me that direct, practical approaches such as Reality Therapy had much to offer, and during my doctoral studies I became very interested in behavioural approaches.

How and when did you join the team?

I joined BFTC as a trainee in the Fall of 1982. By the spring of 1983, Michele Weiner-Davis (another trainee) and Steve and I had begun meeting informally in what we loosely called a research group and we decided to continue meeting on Tuesday afternoons beyond the conclusion of the trainee program to continue our clinical work but with a focus on research. Our little research group continued on for at least 4 or 5 years, as I recall, and several of our projects had a significant impact on the development of the Solution-Focused approach.

Where did referrals come from? Did the team seek clients actively (advertising)?

Many clients were self-referrals who found the clinic in the Yellow Pages, and a good number of them selected BFTC because "brief" was in the name. A few clients came because they had heard of the success of the clinic. Some clients were referred by clinicians in the community who respected the work of the BFTC team. Increasingly, clinicians would bring their difficult cases over for consultations with one member of the team and would observe from behind the mirror during the consultation interview to get some fresh ideas. Although the clinic had affiliations with health care plans and insurance companies on several occasions, they quit doing that because of too much red tape getting approvals, reimbursements, etc.

I well remember the afternoon when Steve and I were working on a project and Insoo stuck her head in the door to say a homeless guy was there and wanted to see her — what should she do? Well, it turns out this man had heard Insoo give a talk at a homeless shelter several weeks earlier and he decided he was ready to do something and so he came to the clinic. And, yes, he had already started cutting down on alcohol and started some new behaviour with his family!

What other activities went on around the 'sit behind the mirror' experience which enhanced the team's thinking? Walks together? Evening parties?

There were often trainees, occasional members of the team, and other professionals behind the mirror in addition to the core BFTC staff when they didn't have anything else they needed to do. Sometimes it was just a few people, and sometimes more than a dozen. Insoo and others would often heat up their supper in the microwave while behind the mirror, and there would always be free-floating conversations about almost anything, but all of this was interspersed with occasional discussions about what was going on with the case in front of the mirror, although that conversation didn't really begin in earnest until after the break when the therapist came behind the mirror.

Steve would regularly take afternoon walks around the neighbourhood, and he would often ask me to join him if I was there. Insoo never took such walks — she was "too busy" for such things. I don't recall anyone else on the team taking such walks.

Yes, parties in their home were a regular and important part of doing business for Insoo and Steve. They would hold these parties for trainees, for people who came in for week-long trainings, and for the frequent guests and collaborators that would come to the clinic from time to time. Steve and Insoo felt this was an important way to build relationships — to build community as we would say it now. Personal relationships with colleagues were also considered very, very important to spreading the word about the model.

Who else shared that space with you during your time in contact with BFTC?

The four full-time members of the team during the early 80's were Steve, Insoo, Eve Lipchik, and Marilyn LaCourt. Elam Nunnally from the university was an important part-time member of the team. Alex Molnar, also from the university, was one of the instructors in the trainee program and I think helped people step outside the bounds of their usual ways of thinking. John Weakland was a frequent guest and supporter of the team's work, as was Lyman Wynne.

What do you remember as your own specific contributions to the process of developing SF?

My contributions came mostly from the projects Steve and Michele and I did during the mid-80's. The first one involved creating a coding system and then training my students to code interviews to see if we could figure out what was different about good interviews that made them stand out from the others. This led to the discovery that "change talk" was what differentiated the good

interviews from the not-so-good interviews, and subsequently we stopped doing the usual first session altogether since it dealt primarily with patterns of the problem (a strategic approach to assessment).

A second discovery related to the coding project came about one afternoon as we were training the students to code the interviews and Steve and I couldn't agree on whether what the client was saying should be coded as "change" or "no change." After some mulling over it dawned on us that the client was in fact describing change that had already occurred, but she didn't realize it as such, hence the addition of the code "unrecognised change" and the realization that these were important opportunities not be ignored but rather to engage the client in whether what she was describing was different, how did she make it happen, could she do it again, etc., etc.

Another project involved a computer science student at the university, Hannah Goodman, who wanted to develop an expert system that would embody the reasoning the team used behind the mirror to come up with compliments and a task. This was a knowledge mining approach to try to make explicit the still intuitive rules Steve and the team used to come up with a task. This led to the flow chart decision-tree that was published in *Family Process*, and became widely used in training at the clinic and in my teaching at the university. It made what seemed like an intuitive process clearly accessible to students learning the approach. I remember John Weakland's (tongue-in-cheek) comment when he came to town to do a presentation that we had best not let it out that 32 rules (of the expert system) was all that one needed to know to use the model!

If you were in that space again, what else would you wish to offer or change?

That's a tough one. I can't really say I'd change anything. Obviously all of the ingredients necessary to create revolutionary change were present at BFTC during those years. It was an unusually energized, creative environment where team members fed off each other's ideas, and the discoveries we made as we carefully watched videotape after videotape to see if we could learn more about what worked and what didn't. I wouldn't change anything about that.

On the other hand, by the end of the early 90's as the core ideas of the Solution-Focused model had pretty much evolved Steve and Insoo began to spend more time training and consulting, and Eve Lipchik and Marilyn LaCourt had gone off to do their own things, the clinic eventually ceased operating as a clinic – it was now a training and consulting operation only. (This was

also during the time managed care was becoming the dominant reimbursement model in mental health services and referrals to free-standing clinics dropped off sharply.) Nevertheless, I believe that development of the model pretty much tapered off as the clinic's caseload went down and the trainee program began dwindling. I don't know that much could have been done to prevent this, since strong outside forces were at play. Also, I think it is exceedingly difficult — probably impossible — to maintain and institutionalize truly innovative and creative environments like that which existed at BFTC during the 1980's.

To quote from David Hilbert (German mathematician, 1862-1943):

"The importance of a scientific work can be measured by the number of previous publications it makes it superfluous to read". I think that SFBT fits that statement. What do you think?

I would agree in the sense that we no longer need to learn about earlier approaches that are no longer useful. On the other hand, SFBT was clearly informed by the discoveries of earlier developments in psychotherapy, family therapy and epistemology, and I wouldn't consider those publications to be superfluous.

To quote from the famous biologist JBS Haldane, talking in 1965: "Theories have four stages of acceptance:

- 1. This is worthless nonsense.**
- 2. This is interesting but perverse.**
- 3. This is true but quite unimportant.**
- 4. I always said so.'**

Which of these four stages do you think that SFBT is at now?

Not sure I go along with those four stages, but I'd say SFBT is now at a stage where it is accepted as part of what students and practitioners need to know and be able to do, at least in social work. Managed care is also seeing Solution-Focused approaches as standard, even preferred, treatment, and SFBT is increasingly being considered an evidence-based treatment by important professional organizations.

I don't know that we'll ever get to the "I always said so" stage, at least not for a while. On the other hand, when my dad sat behind the mirror 30 years ago to see what I do his comment after the session was "so that's all you do!" To him, SFBT seemed commonsensical and not at all unusual, and I think he would have said we were already at stage 4.

Reference

de Shazer, S., Berg, I. K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W. J., & Weiner-Davis, M. (1986). Brief Therapy: Focused Solution Development. *Family Process*, 25(2), 207-221.

About the authors

During his time on the Social Work faculty at the University of Wisconsin-Milwaukee, Dr Wally Gingerich was affiliated with the Brief Family Therapy Center (1982-1990), first as a trainee and then as a member of a small research team with Steve de Shazer and Michele Weiner-Davis. This group, assisted by graduate students from the University of Wisconsin-Milwaukee, carried out the “change talk” studies and the BRIEFER expert system project which were influential in the development of the Solution-Focused approach. Wally moved to Case Western Reserve University in Cleveland in 1990 but kept in frequent contact with Steve and Insoo, often inviting Steve to lecture to his doctoral seminar on social work practice.

Dr Alasdair Macdonald has been a consultant psychiatrist in the United Kingdom for 30 years with experience in work with offenders and a former Medical Director. He is a registered family therapist and supervisor who has written two textbooks and published original work about psychotherapy outcome and other interests. Past President of the European Brief Therapy Association, Alasdair is now a freelance SFBT trainer. Further information: www.solutionsdoc.co.uk

www.solutionsdoc.co.uk

Email: macdonald@solutionsdoc.co.uk