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Myers, JS

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Authors	Myers, JS
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Positive Practices: Solution-Focused and Narrative Therapeutic Techniques with Children with Sexually Harmful Behaviours

Steve Myers

This article explores the use of solution-focused and Narrative Therapeutic approaches with a boy who had sexually harmful behaviours. The paper will highlight the practical challenges of working with someone who is 'problemsaturated' through institutionalisation and who is also subjected to powerful discourses claiming the 'truth' about him. The use of solution-focused and Narrative Therapeutic principles and approaches will be demonstrated in the work described, in a way that allows the reader to reflect on how these may differ from modernist understandings and responses to this behaviour.

Keywords: solution focused; narrative therapy; adolescent sex offenders

In his mid-teens John (not his real name) was re-referred to a specialist service for children with sexual behaviour problems in England following yet another incident of sexually touching girls. This was a further event in a catalogue of allegations and convictions, concerns and denials, recorded events and vague generalisations that often accompany a young person who has spent half his life in institutional care. The oral and written stories about John were bleak and made for disturbing and worrying reading and hearing. He was 'off the wall'; his behaviour generally was poor and included non-sexual offences; his behaviour within the children's home was highly sexualised; he was potentially a dangerous sexual predator; he was viewed as having little empathy; his early attachments were described as damaged due to harmful and neglectful behaviour from his parents; he was due to move from the home he had lived in for a number of years to another home known for its tough reputation and there were fears for his survival in this environment and his social and educational abilities were limited. The specialist children's service concerned has worked with children with sexually harmful and concerning behaviours since the early 1990s. It has developed ways of working that take an explicitly social constructionist understanding of people and their behaviours. This has led to the development of practices influenced by solution-focused (De Shazer 1991) and Narrative Therapeutic (White 1989) thinking that question the more modernist approaches currently favoured within this specific area. Both approaches can be broadly located within poststructuralism, recognising the importance of language and a critical view on the dominance of natural scientific method in making sense of people and the world (Besley 2002). The complexities of this are not able to be developed within this article. However it is hoped that the demonstration of techniques and approaches will assist in illustrating the conceptual and applied differences between the dominant rational-scientific understanding of problem behaviour and the more contextual, interactive and socially constructed ways of poststructuralist working.

This article is based on experience of direct practice in the early 2000s. Some details have been changed to protect individuals concerned and permission to use the material was given by 'John' to further the work of the specialist children's service.

Categorical Stories

Within existing theoretical explanations and assessment frameworks John had 'characteristics' that indicated major concerns about his future. His life had been difficult with a huge number of problems and opportunities to be invited into poor

behaviour. Yet these technologies of diagnosis and classification, far from producing the 'truth' of John, actually generated what in Narrative Therapy would be described as a 'Thin', problem-saturated, professionally defined and pathological story, rather than a 'Thick', rich, complex and contradictory story which more accurately reflects the lived experience of people (Payne 2000). John was metaphorically placed in a box named 'High Risk', bounded by chains of actuarial, statistical certainty forged from the investigation of others who had displayed similar behaviour.

He had been resistant to discussing what were thought to be important factors in his offending, particularly his early childhood experiences, and had become angry and upset with staff when these matters were raised. Previous work with John about his sexual misbehaviour had taken the form of well-thought out Cognitive Behavioural Therapeutic (CBT) approaches that had proved to be difficult for John to understand and to retain, a problem with CBT that has been noted elsewhere (Maletzky 1998). CBT is a dominant response to sexual offending (Burton et al. 2000; Hackett 2004) and is also recommended within UK government guidance on youth criminality generally (www.youth-justice-board.gov.uk). This has posed questions for the introduction of other methods of working with children who have sexually problematic behaviour, as there is a restricted research base that has made significant claims for the imposition of CBT as the most effective intervention. However, these claims can be themselves questioned, particularly given the restricted and selected research subjects and the privileging/invisibility of values within the production of knowledge in this field (Wampole 2001; Caldwell 2002). The domination of discourses of 'science' through positivist assumptions has held sway in this area, marginalising other ways of conceptualising behaviour and the people who exhibit this. In short, knowledge-production and consequent practices have been based on approaches that have not acknowledged their limitations and have made claims to 'truth' that have consequences for the individual children subjected to them.

What struck me about John before meeting him was the weight of despair that was carried around him. People involved in his life (social worker, criminal justice worker; previous unit worker; care staff; teachers) were all desperately attempting to assist John but felt thwarted that many of their interventions were failing and that there were contextual processes that were hampering work, including the move to the new children's home. There was an air of a 'last push' to sort this out before something drastic happened that would propel John into a custodial environment.

White (1995) talks about the way in which people's stories can become problem saturated and John had been subjected to this, not in a deliberate or malicious way (everyone involved with John actually liked him and he generated a desire in others to assist him), but simply through the cataloguing of incidents and behaviours of concern. Scanning written records could not fail to produce a sense of hopelessness and indeed John had had difficult periods in his life that included extensive problematic behaviours and a series of interventions that could be seen to have 'failed'. John was probably as high as he could be placed on people's level of concerns about his behaviour and his future.

Turnell and Edwards (1999) emphasise the importance of open-mindedness throughout assessment work, trying to maintain a reflexive position that allows for the possibility for new information to emerge and for a more thorough and complex understanding of situations. There is evidence within social work that workers tend to bring working hypotheses to make sense of cases; interview in ways that highlight these initial ideas; prioritise subsequent information that supports these and minimise information that contradicts them (Sheldon 1995; Kelly and Milner 1996; Scott 1998). Trying to maintain a focus on John rather than

prejudge his motivations, internal working mechanisms, deficits and strengths underpinned the intervention.

Practice Techniques

The structure to solution-focused and Narrative work outlined in Milner and O'Byrne (2002a) has been useful in conceptualising the intervention for John. The following headings are based on their practice techniques and 'fit' the work with John.

Validation

The centrality of first meetings to subsequent action is clear in solution-focused approaches (Milner and O'Byrne 2002b). I expressed my amazement that given all the upheavals in his life recently John had managed to 'get on with life'; moving into the new home, making relationships, making time to see me and also avoiding any sexual or other criminal misbehaviour. This was received with a doubtful look and it became clear that John had not recognised these achievements for what they were. Validating the experiences that people have is useful, particularly where they may be so institutionalised and have such low expectations that major strengths are taken for granted or minimised, often seen as 'luck' rather than the product of personal agency. This allowed us to begin to talk about how he had done this; what strategies and skills he had that enabled him to change, adapt and survive; who had been important in this and what had worked for him.

A (Hi)Story of Possibilities

The past can be a dark and difficult place, particularly for those who have been subjected to adversity such as John, and focusing on competencies is a way of alleviating the weight of a problem-saturated history as well as illuminating potential strategies for future success. Without prompting, John stated that he did not wish to talk with me about his past, particularly his relationship with his parents, as this upset him and he described having become angry and wanting to hit workers who had encouraged talk about this previously. Previous interventions had focused on his past as a source of explanations for his current behaviour. Past talk can generate feelings of 'stuckness' and anger and John articulated these feelings in a clear way (Dolan 1998). Starting with what the client wants to talk about is a helpful way of gauging their priorities and their view of your usefulness (Turnell and Edwards 1999). John and I were able to agree that it would be helpful to think about how he could find solutions to his behaviour.

Externalising

We discussed what we should call the problem, and we agreed that 'Touching Problem' was a good description, which also served to externalise the problem (White 1995; Freeman, Epston, and Lobovits 1997). Externalising is a central Narrative therapeutic technique that allows for a de-coupling of the person from the problem, using the space created to interrogate and control the unwanted behaviour. This approach has been particularly useful in working with children who have sexual behaviour problems within the unit, where externalising conversations have assisted in increasing the ability of the young people to resist the problem behaviour (Winslade and Monk 2000; Myers, McLaughlin, and Warwick 2003).

John and I worked to interrogate the 'Touching Problem', trying to identify what it liked/disliked, when it was strong/weak, what supported/diminished it, who it liked/disliked. He was able to recall times that had been 'Touching Problem' free. We had already established that he had resisted touching girls when he placed his hands in his pockets, but we were able to look at the wider contexts which supported him in being problem-free, including feeling safe and secure, good relationships with carers and getting on with his parents. In essence, a 'happy' John was less likely to offend. Visual representations of the 'Touching

Problem' were fun and helpful, where John drew the behaviour as a monster so that we could ponder on its nature. We were able to identify when the monster appeared (usually when things were going wrong in John's life); what it looked like at different times (big and nasty when he touched people; small and insignificant when circumstances were going well); what it liked (John getting excited and physical with others); what it didn't like (John being grown-up and sensible); who it hurt or upset (victims, John, parents, carers, courts). This allowed for some consideration of strategies to defeat the monster that had local meaning for John and included his responsibilities as well as those of others (Epston 1998).

This use of metaphors for the problem serves to act as an engaging technique with young people as well as distancing the behaviour from the person.

Responsibility remains with the person, but this de-coupling allows for the possibility of change, for a clearer view of the nature of the problem uncluttered by pathologising discourses which can locate the problem in personality traits.

This allows both the worker and the person to remember that 'the Person is not the Problem; the Problem is the Problem', which underpins solution-focused and Narrative approaches.

Exceptions

Excavating exceptions to the problem behaviour is a useful Narrative tool that allows for the possibility of change, developing a much richer picture of the person that includes those times when they have not exhibited the behaviour or have actively resisted it. White (1995) named these exceptions/resistances 'Unique Outcomes', although other terms have been used such as 'Sparkling Moments' (Bird 2000). Validating and reinforcing these exceptions are a central theme of the work, as is exploring how this was done. If it worked in the past, then John needed to be assisted to do more of this.

Part of the work was in exploring the meaning that the label 'sex offender' had for John. Such labels with their associated demonising and pathologising imagery have the capacity to reduce any hope for change, particularly if the image is one of inner traits and life-long cycles of behaviour (Myers 2002). John was invited to think about how different he was from the dominant image of the sex offender; what it was about him that was not a 'sex offender'. Once this was established he was able to free himself from some of the disabling tendencies of the label and begin to view the behaviour as contingent and therefore, as Besley (2002, 128) says: 'The process opens up spaces for possible change'.

John was referred to the unit for his sexually harmful behaviours, yet as with all problems I made the assumption that this was not his total behaviour. Most of the time John was not sexually misbehaving, and it was this 'good' behaviour that we explored for clues and resources to reduce the unwanted behaviour. De Shazer (1991) describes this as 'whatever is happening when the complaint is not', and in John's case we were able to talk about his girlfriend who was also in the care system. I asked him what people thought about this given his sexual behaviour problems and John indignantly replied that he 'Didn't do Dirties' with her, which he explained as not being involved in physical sexual behaviours. This was a good opportunity to identify the times when John could exhibit respect and care towards girls and women, rather than concentrate solely on those problem times. This developed into talk about 'good' touches and what John wanted from relationships; how he did respectful relationships and the pleasure he got from these. He was able to see the way in which other people preferred his respectful behaviours and in turn he felt a sense of validation from these reactions. His use of the term 'dirties' was helpful to open up discussions about 'clean' relationships, which were respectful, equal and mutual. John did not want 'dirty' relationships and we explored the pressures that were around to become involved in these, which included general social concepts of masculinity and the peer group of boys and girls within the home (Jenkins 1990). 'De-constructing the

Problem' is a Narrative technique that allows the person to consider how the problem came into their lives and what may maintain it. Times when John had resisted pressure to become involved in this activity were discussed and clues were sought as to how this had happened and how this could be replicated in the future. This search for local knowledge to combat the problem is counter to many approaches that seek to explain behaviour through the imposition of external and global theoretical perspectives.

Agreeing Goals

Goal setting is a central part of any work with problem behaviour in order to achieve change. John and I had to agree what would constitute enough change to warrant not seeing each other again. Already three months had elapsed since his last sexual misbehaviour so it was clear that he could maintain some control over his actions. Using this, John felt that if he could avoid any repeat of the behaviour for a further three months then he would (in his words) 'be cured'. Absence of problem behaviour is of course important, but I was also interested in being clear in helping John to think about what he would be doing to reduce concerns about him. Safety is the key to Turnell and Edwards' (1999) 'Signs of Safety' approach where an absence of unwanted behaviour is augmented by the development of other (or existing) behaviours that promote confidence in sustaining change. A key question is 'what would you be doing differently for me/social worker/courts/care staff/you to be confident that you will not offend again?'. We agreed that he needed to attend sessions; meet with his criminal justice worker; develop his relationships with the care staff; meet productively with his parents; be respectful to people; attend school and demonstrate that he was capable of specific responsible behaviours. We discussed who would help him to do this and how they would let him know when he was doing it. For example, although care staff believed that they gave appropriate positives and sanctions based on Behaviouralist principles, John felt that responses were weighted towards his poor behaviour, and wanted clearer acknowledgement of the times when he was doing well. This was negotiated with staff who were busy, under-resourced but keen to do the right thing for John.

The Miracle Question

As an adjunct to goal development we used the 'Miracle Question' (De Shazer 1991) to consider future possibilities. This has proved useful with children, young people and adults who are often initially perplexed by the nature of the question, but can soon become involved in dreams for a problem-free future that can lead to concrete strategies for change. There are variations on the question, but with John I used;

Suppose you go to bed tonight as usual. During the night something magical happens and the Touching Problem has completely disappeared. Because you were asleep you don't know this has happened. When you wake up in the morning, how will you know that this has happened? What will be different?

John was able to think about how people would be treating him differently; how girls would be nice to him, how the other boys would treat him with respect and how the staff would trust him with things. He would be doing the things that other boys of his age do; going out socialising, hanging out with others, talking nicely and respectfully to people (as much as any other adolescent), having jokes with people and making them laugh. We were then able to consider how John could get to this position, exploring the times when he had already done this and the specific steps to achieving this goal.

A further technique used to develop future-planning was a 'Back to the Future' exercise, where John was invited to consider what his perfect life would be like in 10 years time, when all his problems including the 'Touching Problem' had been sorted out. He was able to think about being married, with children and dogs, living in a nice house with holidays to hot climates. His wife would be beautiful (to him) and they would be 'in love'. I then invited John to talk with his preferred

future self to get some ideas as to how this had been achieved. The notion that the person is the expert in their lives is a key element of solution-focused and Narrative approaches, and the worker has more of an enabling and facilitating role than in traditional casework approaches, where the worker is viewed as having the expert knowledge to understand and explain the person (Milner 2001).

John had been viewed as someone whose capacity for forward planning was limited coupled with an impulsivity that bordered on Attention Deficit Hyperactivity Disorder. Fortunately he had been spared this unhelpful diagnosis, but his short attention span, rapid thought and speech patterns and physicality were seen as problematic personality traits. However, John was able to engage with the work in a constructive way that he found useful. All therapeutic work is underpinned by the context of engagement and the service has found that these techniques are effective in assisting most children to maintain interest and commitment.

Scaling Questions

Scaling questions were used to identify the nature of the 'Touching Problem'; its severity for John, his social worker, the court and his parents. Scaling questions are often used in solution-focused work as an accessible method to gauge subjective understanding and perception (De Shazer 1988). The unit has found that even the most educationally disadvantaged children are familiar with the concept of a scale and John was able to use these effectively. John was able to scale how serious he and others thought the problem was. This allowed John to demonstrate that he had a much more significant understanding of the seriousness of his situation than had been thought previously, as he had not been able to articulate the perceptions of others about him and indeed had been viewed as unconcerned about his behaviour. This had been constructed as a 'lack of empathy', yet seemed to be the result of the way in which he had been approached, rather than any intrinsic quality or characteristic.

The scales were also helpful for his carers to demonstrate clearly their own goals, concerns and hopes for John. People stated how concerned they were about him (from 0 to 10), outlined reasons why this was so, and then considered what would be happening if they were able to place him at a less concerning number. In this way John was able to see exactly what was expected of him and the carers were able to clarify their goals for him. The circumstances surrounding John had been problematic for so many years that it was sometimes difficult to develop a long term plan as there seemed to have been a continual series of crisis responses. The scales allow for detail to emerge, rather than vague generalisations which are often used such as 'developing self-esteem' (What would it look like? When does it happen?), 'behaving maturely' (What is mature behaviour? How would John know he is doing it?) and 'having empathy for the victim' (What is empathy? What would John be doing to demonstrate this to your satisfaction?). The search for detail placed a clear focus on John to demonstrate appropriate responsibility for his actions.

Thickening the Counterplot

Maintaining the momentum of change in the face of problem-saturated stories is a significant task, as these stories create a particular view of someone that can often be seen as static, 'fixed' and essential, reinforced by psychological and cultural discourses. This is particularly the case with sexual offending, where the notion of a 'sex offender' is laden with assumptions that make accepting change difficult, both for the person subjected to this and for those around them. One way of promoting change was to construct the notes of the sessions based on Berg and Reuss (1998) and then send them to him for his comments. The format was as follows:

- . current status of the problem;

- . exceptions and progress, including effort made, tasks undertaken and good things people have said about him;
- . emerging solutions, including what has worked and what might work;
- . agreed tasks between sessions (for example, John agreed to take public transport on his own for the first time. De-institutionalisation?);
- . worker reflections;
- . date, time and location of next session.

John's literacy was good and he would read the notes, commenting on them in the following session when invited to.

A further technique used was the 'Definitional Ceremony', a Narrative concept (White 1997) that allows for the public recognition of change and is designed to enhance and sustain that desired change. These can take many forms that are appropriate to the specific situation of the person involved. After six months John's general behaviour had improved and his abilities to concentrate, attend meetings and participate were also strengthening. He wanted a 'Gold' certificate with specific wording about beating his 'Touching Problem' and a medal for Respect and Responsibility, themes that we had been working on. Key people in his life were invited to the ceremony and John was invited to scale how concerned people were about him six months ago and quietly drew 9 out of 10. We agreed with his assessment and jointly agreed that we were now at 2, listing some of the areas we were concerned about but celebrating his achievements. John felt that he was at 1, realistic enough not to make absolute claims for certainty but low enough to visibly acknowledge his progress.

Conclusion

The work with John used principles and techniques based on solution-focused and Narrative approaches. Within sexual offending work there is a dominance of prescriptive models of intervention that have already identified areas to be assessed, factors to uncover, the length of time and number of sessions required, assumptions and calculations to be made, even before the person has been seen (e.g. Print, Morrison and Henniker 2001; Vizard 2002). These are usually based on fixed, modernist notions of identity, causality, characteristics and factors, and intervention is primarily Cognitive-Behavioural. Solution-focused and Narrative approaches question this understanding, allowing for the development of local knowledges that assist in promoting safety and responsibility for the individual. People are encouraged to develop their own pathway to change, rather than being forced down a road that may not be their preferred route and may lead to a place not of their choosing.

Outcome studies for solution-focused and Narrative approaches generally are cautiously optimistic (for an overview see Milner and O'Byrne 2002a) and the specialist children's service has a reputation for good work that has positive outcomes for children, their families and agencies. Most studies demonstrate that sexually abusive behaviour in children has a low repeat rate whatever the intervention (Hackett 2004) and claims for effectiveness of specific approaches are hampered by methodological difficulties. The unit is currently being evaluated and the follow up studies will be published at a later date.

John continued to be 'Touching Problem Free' to the completion of this article. Given his vulnerabilities he has had his share of mistakes, injustices, opportunities and achievements, but these have been seen within the context of 'growing up', not continually referenced to the identity of a 'sex offender'.

References

- Berg, I. K., and N. M. Reuss. 1998. *Solutions step by step: A substance abuse treatment manual*. New York and London: W. W. Norton.
- Besley, A. C. 2002. Foucault and the turn to Narrative Therapy. *British Journal of Guidance and Counselling* 30(2): 125-43.
- Bird, J. 2000. *The heart's narrative: Therapy and navigating life's contradictions*.

Auckland: Edge Press.

Burton, D., R. Freeman-Longo, J. Fiske, J. Levins, and J. Smith-Darden. 2000. Nationwide survey of treatment programs and models: Serving abuse reactive children and adolescent and adult sexual offenders. Brandon, VT: Safer Press Society.

Caldwell, M. F. 2002. What we do not know about juvenile sexual reoffense risk. *Child Maltreatment* 7(4): 291–302.

De Shazer, S. 1988. *Clues: Investigating solutions in brief therapy*. New York: W. W. Norton.

———. 1991. *Putting difference to work*. New York and London: W. W. Norton.

Dolan, Y. 1998. *One small step: Moving beyond trauma to a life of joy*. Watsonville, CA: Papier-Mache Press.

Epston, D. 1998. *Catching up with David Epston: A collection of Narrative practice based papers 1991–96*. Adelaide: Dulwich Centre Publications.

Freeman, J., D. Epston, and D. Lobovits. 1997. *Playful approaches to serious problems*. New York and London: W. W. Norton.

Hackett, S. 2004. *What works for children and young people with sexually harmful behaviours?* Barkingside: Barnardo's.

Jenkins, A. 1990. *Invitations to responsibility*. Adelaide: Dulwich Centre Publications.

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Kelly, L., and J. Milner. 1996. Decision making in child protection practice: The effectiveness of the Case Conference in the UK. Paper presented at the ISPCAN 11th International Congress on Child Abuse and Neglect, University College Dublin, 18–21 August.

Maletzky, B. M. 1998. Defining our field 11: Cycles, chains, and assorted misnomers. *Sexual Abuse: A Journal of Research and Treatment* 10(2): 1–3.

Milner, J. 2001. *Women and social work: Narrative approaches*. Basingstoke: Palgrave.

Milner, J., and P. O'Byrne. 2002a. *Brief counselling: Narratives and solutions*. Basingstoke: Palgrave.

———. 2002b. *Assessment in social work*. Basingstoke: Palgrave.

Myers, S. 2002. Language, discourse and empowerment: Changing approaches to children and young people who sexually abuse others. *Children and Society* 16(5): 334–45.

Myers, S., M. McLaughlin, and K. Warwick. 2003. The day the touching monster came: Solution focused and Narrative approaches with children and young people with sexually inappropriate behaviour. *Journal of Educational Psychology* 20(1): 76–89.

Payne, M. 2000. *Narrative therapy: An introduction for counsellors*. London: Sage.

Print, B., T. Morrison, and J. Henniker. 2001. An inter-agency assessment framework for young people who sexually abuse: Principles, processes and practicalities. In *Juveniles and children who sexually abuse: Frameworks for assessment*, by M. C. Calder. 2nd ed. Lyme Regis: Russell House Publishing.

Scott, D. 1998. A qualitative study of social work assessment in cases of alleged child abuse. *British Journal of Social Work* 28: 73–88.

Sheldon, B. 1995. *Cognitive-behavioural therapy, research, practice and philosophy*. London and New York: Routledge.

Turnell, A., and S. Edwards. 1999. *Signs of safety: A solution focused and safety oriented approach to child protection casework*. New York: W. W. Norton.

Vizard, E. 2002. The assessment of young sexual abusers. In *Young people who sexually abuse: Building the evidence base for your practice*, edited by M. Calder. Lyme Regis: Russell House Press.

Wampole, B. E. 2001. *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Lawrence Erlbaum.

White, M. 1989. *Selected papers*. Adelaide: Dulwich Centre Publications.

———. 1995. *Re-authoring lives: Interviews and essays*. Adelaide: Dulwich Centre Publications.

———. 1997. *Narratives of therapists' lives*. Adelaide: Dulwich Centre Publications.

Winslade, J., and G. Monk. 2000. *Narrative mediation: A new approach to conflict resolution*. San Francisco: Jossey-Bass.

Correspondence to Steve Myers, Director, Salford Centre for Social Work Research, University of Salford, School of Community, Health and Social Sciences, Frederick Road, Salford, Manchester, M6 6PU, UK. Tel: þ44 (0)161 295 2082; email: j.s.myers@salford.ac.uk