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Organisational Consulting as a Field for the Solution Focused Approach

Summary:
Using the *Solution Focused* approach can be very useful for organisational consultants and their customers. A view on the development of approaches in the helping professions and in organisational consultancy is given. This helps us to examine the similarities and differences between these fields. Both consultancy and the helping professions are often influenced by a medical, expert-driven model. The *Solution Focused* approach is an efficient and radical departure from the medical model. This helps to avoid the disadvantages of the medical model. Some aspects of the medical model do, however, have to be integrated in many organisational consulting processes. One crucial art is how to use both models in an appropriate way.

Text:
From our systemic point of view (Fürstenau 1992) organisational consultants do not want to change the individuals they have contact with. They want to change organisations. This is the reason why they are contracted.

Therefore, when we are hired for organisational consultation we consider the organisation as our client and not the individual persons working for it.

This "European" systemic point of view stresses the importance of focusing more on interaction than on individuals. Niklas Luhmann for instance, says organisations do not consist of people; they consist of communications (Kommunikationen).

Obviously, since it is not possible to hug and kiss organisations, if you want to get in contact with an organisation, you have to work with its personnel. (cp. Fürstenau 1992, Luhmann 1984) The organisation as a social system can only be reached via its representatives - and only via communication.

Although the intention of organisational consultants is to change the organisation which is their client, they still need to be highly skilled and competent in working with groups and individuals ("personale Systeme" says Fürstenau 1992 following Luhmann).

As a consequence organisational consultants with a so-called "systemic background" work with organisations on the one hand by conducting interactions between representatives of the organisation and themselves (i.e. in conversation with the clients) and on the other hand by talking about past and future interactions within the client's field.

The *Solution Focused* approach is one of the most elaborate, providing the necessary skills to have productive conversations with clients. These skills include: using breaks; using clients' words in order to work within the client's frame of reference; various useful questions to determine the client's desired outcome – especially the miracle question, questions about exceptions, scaling questions, using silence, giving compliments etc. About skills and tools you can, for example, learn from De Jong and Berg 1998 and Sparrer 2002[1].

And the *Solution Focused* approach suggests a particular attitude which is very beneficial for clients and consultants alike.

I suggest we take a short look at the historical development of approaches in the helping professions. By comparing these approaches, the differences to, and the specific features of the *Solution Focused* approach will become clear. After this we will have a look at different approaches to organisational consultancy. There are interesting parallels between the development of the approaches in the helping professions and in organisational consultancy.

Models in the helping professions and the contribution of the *Solution Focused* approach

The traditional or medical approach to therapy is expert-driven. The expert assesses the problem, makes a diagnosis and then prescribes treatment. After the treatment he or she evaluates the outcome. Specific to this model is the assumption that the expert has to find out the cause of the problem (or of the suffering). In psychotherapy and in some traditions of social work which are influenced by psychotherapy, the focus is on finding an underlying cause in the past. This is done by raising why-questions.

In the traditional medical model the focus is generally on the client, on his or her problem and often on the roots of this problem in the past. The expert focuses on the problem and perhaps also on the client, but does not examine the interaction between him or herself and the client. He or she prescribes the client the fitting solution to the problem.

Then a paradigm shift took place: systemic practitioners discovered that it is not necessary to uncover the past roots of a problem in order to solve it. They developed the assumption that problems are something which must be maintained in order to remain intact. For this reason, they moved the focus from the question: "what is the cause of the problem?" to the question: "what maintains the problem?" (De Shazer 1998: 74)

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[1] Jackson and McKergow 2002 provide an adaptation of SF-tools for work with organisations

When the therapist discovers how a problem is maintained, he or she can develop strategies to irritate (or disturb) the patterns of behaviour, the attitudes or assumptions which make up this maintenance.

The Milanese tradition of systemic family therapy has the basic assumption that a problem is maintained by fundamental family rules. Another well known tradition - the group in the Mental Research Institute MRI in Palo Alto (Weakland, Fish, Watzlawick) – assumes that a problem is maintained by the clients effort to solve the problem. (De Shazer 1998: 76)

In both of these systemic traditions the focus is on the present. The therapists have basic assumptions about what maintains the problem in each specific case. As a consequence he or she tries to disturb the patterns which maintain the problem. This is often done by setting paradox tasks (interventions).

In the beginning, Steve de Shazer and Insoo Kim Berg, who founded the Brief Family Therapy Center - BFTC in Milwaukee, worked using the approach of the Palo Alto group at the MRI.

Then they discovered that it is not even necessary to analyse what maintains a problem: by observing and analysing sessions with clients they came to the conclusion that there is not necessarily a connection between a problem and its solution. They were able to realize this by doing research in a highly accurate, but at the same time non-academic and very inductive way.

This discovery made the therapy more efficient and productive for the clients. In one seminar Steve de Shazer said with a smile: "John Weakland needs on average seven sessions and we need on average three."

Steve de Shazer from BFTC and John Weakland from Palo Alto group at MRI nevertheless cultivated their friendship until John Weakland's death. They met each other from time to time to work together and discuss cases.

The *Solution Focused* approach developed by Insoo Kim Berg, Steve de Shazer and the team on the BFTC is a method which is no longer expert-driven. The clients' goals drive the activities. The therapist supports the client in developing goals – for example by asking the miracle question[2]. Client and therapist work together in a very collaborative way. They also build solutions by looking for exceptions. Exceptions are times and situations which are or were at least a little bit like the client's desired outcome. The therapist encourages the client to do more of what works.

In the theory of social work and counselling there has been a debate for many years about empowerment and about focussing on clients' resources and not on their deficits. But knowledge of how to put this into practice in the work with clients is less developed.

Steve de Shazer's and Insoo Kim Berg's contribution has been to show how therapists/counsellors can have conversations with clients which focus clearly on their, the clients, strengths. They do this by supporting their clients in building solutions and by giving them, the clients, credit for success.

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[2] Sparrer 2002: An interesting comparison between the NLP concept of goals und the different *SF* concept of "the clients desired outcome" of the therapy

The development of organisational consulting

Organisational consultants who want to give their clients technical or professional advice work in the frame of the medical model. They analyse what the problem is and they tell the clients what to do. If, for example, the consultant is an expert in business administration, he or she can give the clients advice on this topic.

Certainly this kind of consultancy can make sense in many cases. One problem in this tradition is, however, that the client is in a dependent relationship to the expert. It is most unlikely that this dependency is decreased by the process of consultation. But often dependency is not a problem or there is no appropriate way to avoid it.

Another problem is that sometimes the general solution given by the expert does not really fit perfectly to the situation of the organisation which has sought consultancy.

A third possible problem is that, despite being given good advice, the client chooses, in one way or another, not to follow this "good advice". In the medical field this phenomenon is called the "problem of compliance". And certainly we can see this problem in organisational consultancy too.

Experts who give consultancy within this tradition of the medical model hold clear concepts about how a good company should work. However in many cases they have no clear concepts about what is going on in the relationship between themselves and their clients and about the process of consultation.

One source of a different approach in organisational consultancy is the work of Kurt Lewin and his followers. They invented in the forties and fifties of the past century the concepts of Group Dynamics and Action Research as methods of applied behavioural sciences, re-education and planned change. These inventions were adapted to work with Organisations and subsequently called Organisational Development (OD) (French and Bell 1994, Gunz 1986). Organisational consultants who are influenced by Lewins approach see themselves as "change agents".

Put simply, Lewin showed us, through his Action Research concept, ways of doing research which empower people (who are the focus of this research) to participate in it. He also used this principle for group dynamics in his "laboratory method": people who want to learn something about groups and the behaviour of people in groups, attend a T-Group seminar (**footnote**: T-Group stands for Training-Group) in which they together, as a group, do research into this group. And he also used the Action Research concept for OD, the goal of which is to change organisations for the better by empowering the members of the organisation to participate in its development.

In the late seventies some of the OD consultants began to shift their theory and practice by dealing with the theories of Niklas Luhmann and by trying to learn from the practice of family therapists. They successfully used and adapted the experiences and skills of the above mentioned Milanese and Palo Alto traditions. (Königswieser and Exner 1999, Königswieser and Hillebrand 2005, Timel 1998, Wimmer 1992)

In the last years we have seen a lot of fruitful trials using the *Solution Focused* approach not only in therapy, coaching and counselling of families and individuals but also in work with larger systems like organisations and communities. (e.g.: Jackson and McKergow 2002, Vogt Hillmann et al 2000, Roessler and Gaiswinkler 2004; an adaptation to the field of community development: Hummelbrunner et al 2000).

The SF approach fits in many aspects very well to the European systemic view of organisational consulting. Despite this, use of the approach in the context of organisational consulting is still, in my view, in its early stages. There are not many organisational consultants in Europe who use the full potential of the *Solution Focused* approach.

This could be for various reasons. To mention one: the approach seems to be so (or even too) simple. Steve de Shazer used to say: "It's simple but not easy!" You need a lot of practice to learn to converse in a manner, which is so far removed from our everyday style of communication. It is not, however, very difficult to start to integrate tools and other elements of this approach step by step into the way you usually work.

Another reason may be that the *Solution Focused* approach shows us how to work with clients in a very radical and very efficient way by departing from the expert-driven medical model. But in organisational consulting we need aspects of the medical model as well. The challenge is how to integrate these aspects whilst avoiding the disadvantages of the medical model and saving the advantages of the SF model[3].

What aspects of the medical model can make sense for organisational consultants? If you work with organisations you need knowledge about your customers, about different kinds of organisations, in relation to size, business they are in, legal aspects of organisations, different kinds of ownership, management theories and much more. This knowledge is at least useful as an aid to working within your customer's frame of reference. To contract and design organisational consultancy projects you need additional knowledge and skills in project management.

The consultant needs, on the one hand, skills and competence in conducting the interaction with clients. On the other hand he or she needs expert knowledge too. Together with the clients – we should rather say the customers - he or she has to decide in what situation it would be useful to work in an SF style adopting a "position of not knowing" and when it is time to change position and provide professional knowledge to the customers. This change of position may take place several times during a short session. Or the shift can be planned in the architecture and design of a larger consultancy process: doing interviews in a *Solution Focussed* style may alternate with providing training or informational inputs.

One difference to the medical model should, I think, remain: the consultant who is influenced by the SF approach is able to perceive herself or himself, the customer, and the future of the customer as parts of one system. (cp. de Shazer 1998.) Contrary to this, the expert in the traditional medical model seems to stand outside the system and observe the client and his problem from an apparently objective point of view.

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[3] on the differences and integration of a "not knowing position" and a position of giving instruction q.v.: Giesecke and Rappe Giesecke 1997

To use the full potential of the *Solution Focused* approach for organisational consulting it makes sense to analyse the interactions and processes in consulting sessions in order to find out what works. Often the discussion about methods takes place on a conceptual and ideological level which is out of touch with what is actually going on in the contact with customers.

If we want to have definite progress in the field of organisational consulting we should use an inductive approach for observation, research and further development. Like Insoo Kim Berg and Steve de Shazer and the team on the BFTC we should look at concrete cases, analyse videotapes and ask our customers to find out what kind of questions, interventions and arrangements are really helpful to them.

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