Authors below (1998) Utvardering av losngsfokuserat arbetsatt vid Lonnens oppenvard i Kristianstads kommun. Lonnen, Sweden:Kristianstad

Lonnen@kristianstad.se

EVALUATION

of solution focused working methods
at LÖNNENS ÖPPENVÅRD in
Kristianstad's Municipality
Sweden

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Christina Knutsson
Elisabet Norrsell
Carola Johansson
Ulf Öhman
Bodil Ericson

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INTRODUCTION

Lönnen's open clinic started it's activities in January 1992. Since the start we have had a need to find a way of evaluating our work. We wanted to use an evaluation model that suited our working methods and that we could have use for in our treatment work.

During a two-day seminar in Jönköping in the spring of 1996 we heard Tom Andersen (Professor in Social Psychiatry at the University of Tromsö, Norway). He spoke about an evaluation model that requires that the client is interviewed together with the therapist by a consultant. In addition, those that had participated in the treatment, for example relatives and professionals could also take part in the interview. We liked the idea that the client and the therapist were treated equally as providers of information about the therapy process.

In our sessions we strive to work together with everyone involved in the treatment. We therefore thought that this evaluation model suited us, as even in the evaluation we could work together and include everyone's views and opinions. Through our clients we wanted to know what had been good or bad about the treatment and hear their experiences of the conversation techniques, our approach and teamwork and in this way learn more about their understanding of the treatment situation. Moreover we hoped that this model would be able to be used for quality assurance in the continued work.

We got in touch with Bo Montan via Tom Andersen. Bo Montan, who became our consultant, is a social studies graduate, certified psychotherapist, supervisor and teacher of family therapy who also runs a private family therapy practice in Stockholm. Bo had also had experience of this evaluation model, in the role of therapist with Tom Andersen as interviewer.

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LöNNEN'S ACTIVITIES

Lönnen is a part of Kristianstad's Municipality's Social Welfare Administration and has existed since January 1992. Kristianstad is a municipality of 70.000 inhabitants in the south of Sweden. We carry out solution focused therapy with people who have problems of various kinds, for example relationship and family problems, violence, abuse, psychiatric problems, problems at work or youth problems. Many of our clients have problems associated with drug abuse. Our clients come to us either on their own initiative or after referral by professionals. We meet individuals, families or other constellations e.g. professional networks. Lönnen is chiefly for the inhabitants of Kristianstad's Municipality and treatment is free for them. The five of us that work at Lönnen are social studies graduates with further studies in solution focused therapy.

DESCRIPTION OF OUR WORKING METHODS

We work from a solution focused viewpoint, which means that we focus on now and the future. Our starting point is that people are experts about their own lives and how they want life to be. Even though people have the answers themselves, they are sometimes overwhelmed by the problems when these get too large. In such situations people can come to us and with the help of different therapeutic methods and a respectful approach we try to draw forth peoples own competence and ideas about how to find a solution to their problems.

We have tried to give a short description of what a solution focused session contains below.

In order to draw forth the person's own goals we often use a special question, the **miracle question**. We ask the person to imagine that a miracle occurs during the night whilst they are asleep. The miracle means that the problems that they have presented disappear. We ask them to describe what has changed and the differences since the problems disappeared.

By **asking a lot of detailed questions** we help the person to describe how they want their life to be and what they need to do to move closer to a solution.

In order to make the current situation and changes clearer we pose **scale questions**. We ask for example: On a scale of 0-10 where 0 stands for when the problem was at its worst and 10 stands for when the goal is achieved, where do you stand now? The person marks his current situation on this scale himself. In this way changes become very clear. Another way of making the scales and other things that come out in the session clearer is to write them on a whiteboard placed in the treatment room.

After every session we summarize and give feedback, in which we present what the person has placed great importance on during the conversation. The **intervention message** is conveyed to the visitor before the session is completed. In the message we can sometimes suggest a task to help draw the visitor's attention to their own competence.

We work as a **team**, that is to say that the therapist has one/two colleagues as help during the whole session. The colleague(s) follow the conversation from an adjoining room via a **video camera** and can help the therapist with questions by ringing to the treatment room via an internal telephone. The therapist formulates the inervention message together with the team. To do this the therapist leaves the treatment room and goes to the team, and the visitor has a short break.

We often invite the network, both professional and family in order to have help in finding a solution.

During the sessions, we constantly try to acknowledge what it is that the person finds difficult in their life and praise that, which they themselves think is good and in this way encourage steps taken in the right direction.

Subsequent sessions can be opened by the therapist in different ways. Some examples of opening questions are:

"What is better since the previous session?"

"What has continued to be good since the previous session?"

"How have things been?"

" What is important to talk about today?"

The choice of opening question depends on how the previous session was closed.

THE METHOD OF EVALUATION

SELECTION

We have chosen cases that have been interesting from our point of view. In some cases we thought that we knew that the clients had been helped by sessions at Lönnen, and wanted therefore to know exactly what had helped. In some cases we have been more doubtful as to whether the sessions have been helpful, and wanted therefore to know if we could have done things differently. All the cases that have been in the evaluation have been closed at least a year, and at most three years. We have tried to choose clients with different problems and ages. We have also tried to include short (few sessions) and long treatments (more than ten sessions). We have also chosen clients that we thought would be willing to participate in an evaluation interview. We asked some of the clients in the interview why they were willing to participate in the evaluation. The answer we received was that it was a favour in return and that they thought it was important that a service like Lönnen existed.

DESCRIPTION OF THE CHOSEN CASES

Man, aged 20. Narcotics abuse last 5 years. Was refered by FMN (family against drugs). Currently under social services. No. of sessions: 9 (the person has also returned and had 2 sessions concerning work-place problems).

Man, aged 50. Alcohol abuse, work-place problems. Was refered by his employer. Foreman took part in all sessions. No of sessions: 5.

Family with 4 children. Family treatment regarding relationships between all family members in various constellations. No of sessions: 13 (divided into two periods).

Woman, aged 50. Relationship and personal problems. Was recomended by a friend, who had been a klient at Lönnen recently. Previous long term psychiatric contact. Currently under social services. No of sessions: 9.

Woman, aged 22. Narcotics abuse last 7 years, relationship problems with parents. Came via social services. Family, probation officer, friends took part in different sessions. No of sessions: 12.

Man, aged 30 or so. Served a prison sentence for part of treatment time. Relationship problems. Relatives took part in some sessions. Came on own initiative. No of sessions: 18.

Woman, aged 30 or so. Existential thoughts. Was recomended by her work-colleague. No of sessions: 2.

Woman, aged 40 or so. Worried, anxious. Came on own initiative after recommendation from health care personnel. No of sessions: 8.

Man aged 35 or so. Long term contact during various periods with different therapists at Lönnen. Problems concerning relatives illness and death as well as problems associated with sexual abuse. Was refered by another solution-focus treatmentcenter in another town. No of sessions. 24 (divided in different periods).

Pair, aged 35 and 38. One of the pair had a history of long-term mixed drug abuse and as well as pair sessions had also had individual sessions. Relationship problems. The pair came on own initiative. Currently under social services. No of sessions: 25.

Pair, aged 45 and 57. Man was refered by the social services and his probation-officer. The man has had individual sessions concerning narcotics abuse and violence and has a background of 20 years of abuse. The pair came on own initiative. Relationship problems. No of sessions: 22 (Man only), 7 (as a pair).

Woman, aged 50 or so. Relationship problems, alcohol abuse, work-place problems. Was refered by her employer. No of sessions: 17.

Family. Parents with teenage children. Problems with son, drug abuse, relationship problems. Was referd by the social services. Treatment was an alternative to placement in institution. Social worker took part in all sessions. No of sessions: 13.

Comments:

We have subsequently noted that many of the chosen cases have had a relatively long treatment time, i.e. many sessions. The reason for this could be that we chose cases that we thought would be willing to participate in an interview and of course they were people that we knew quite well as we had met them so many times.

Procedure

When we had made our selection the clients were contacted by telephone by the relevant therapist. We informed the client about the evaluation, its aim and how we were going to carry it out and asked if they would be willing to help us. All except one agreed.

Of those cases that we chose initially, there were six that cancelled appointments or failed to turn up without contacting us, which meant that we had to choose new cases. We have wondered why those people did not come to the interview despite having said they would. Some rang to say they were ill or had another reason, but some never contacted us.

One reason could be that as the therapy had been completed for a while it no longer felt important to renew contacts with Lönnen. Another reason could be that the people had negative things to say and maby that was difficult to talk about. Yet another reason could be that they had not had time to consider whether they wanted to participate or not during the telephone conversation. We have not asked for reasons and we therefore can not be certain. What we have noted is that it is necessary to include in planning that it can be difficult to get people to take part for our purposes.

When clients agreed to take part in the evaluation an interview time was booked for each client together with the therapist, relatives, professionals and teammembers that had taken part in earlier sessions. Bo Montan was conversation leader at every evaluation session and posed all the questions.

The evaluation sessions were recorded on video tape. We looked at the tape and noted all the replies given. Together in the workgroup we then made a summary of all the answers from the interviews and sorted them under different headings.

We carried out the interviews from January to June 1997. In total six days were used for the interviews. The work with the interviews and the compilation of the report has been done parallel with our ordinary work. The report was completed in March 1998.

Advantages and disadvantages of the evaluation method

When we wondered whether to choose this evaluation method we discussed the advantages and disadvantages. During the work we have had further thoughts and discussions about what has been good/bad about the method. We have talked a lot about these matters and have tried to summarise our experiences as advantages and disadvantages.

Advantages

The clients' replies have been directly useable in our current treatment work. Many replies have provided thoughts and ideas about how we can improve our working methods and we have made several concrete changes.

We have been able to choose cases that have been interesting for us for various reasons. In this way we have been able to steer the spread of cases to include various categories that we have been interested in (age, family constellations, sex, problem, number of sessions, etc.)

Everyone that has taken part in the sessions (client, relatives other professionals) and also those that have been part of the treatment (therapist, team) have been given opportunity to express views. In this way we have a good total picture.

In addition, we (therapist, team, interviewer) have had the chance to think about and discuss the clients viewpoints after the evaluation interview.

The evaluation method and our working methods have a common approach towards people. This has meant that the evaluation interview has been adapted to each client's experiences of, and views about, the treatment.

It has become clear that we have been interested in the clients' experiences.

Disadvantages

We have only carried out 13 interviews, which means that we can not view them as representative for everyone that has taken part in treatment at Lönnen.

It can have been difficult for the client to say anything negative about the treatment when the therapist has been present.

The questions have not been posed in exactly the same way or order in the interview, which has led to the replies not being directly comparable.

We have subsequently understood that some of the replies could have been followed up further, in order to help us understand more. One reason for this not being done can be that the interviews sometimes had more the character of a discussion.

A large disadvantage is that our hopes of integrating a continuous evaluation model have been dashed completely, as the interviews and summaries take a lot of time. We have no possibility to allocate this time at the moment. The possibility of regularly carrying out such an evaluation requires permission from the employer to use time and resources for this purpose.

THE INTERVIEW RESULTS

We obtained a lot of new and useful information from the interviews.

In order to present the contents of the interviews in a comprehensible way we have chosen to summarise the interview replies under different headings.

The questions and questioning

Many felt that the quantity of sometimes difficult questions was good as they were forced to think and in this way realise what they themselves wanted. When they heard the questions they could see what was good or not so good, see different perspectives. Questions posed regarding the future were experienced as positive. One client thought it was good when the therapist asked ”is this new?”(meaning a new way of thinking or acting), as it was change he wanted. One client expressed that she sometimes wanted to have more of the therapist´s views and pressure when it came to what she should or shouldn't do. Clients thought it was good that the therapist continued to ask questions despite the fact that they started to cry. They experienced it as natural and permissible in the context. The session could proceed via the questions so that the client did not cry all the time.

Some thought that the questions were helpful in drawing forth solutions from the client's side and elicit the client's own resources. " When you're really down you can't see what you can do or already do that is good."

"The questions were good - when I felt bad at home I thought about what the therapist would have asked."

"It's good to have questions about small everyday problems. Because when you've lived a heavy life of drug abuse you don't really know what a normal everyday life is."

One client would have liked more tangible, practical help from the therapist at the start of the therapy as he had reached a crisis point. This client would have liked the therapist with him during visits to various authorities.

Some clients had views about the introductory questions in the following sessions. It was expressed in the interviews that some had difficulty in answering the question "What has been better since last time?" as they would rather have continued where the previous session had left off, or because they didn't think anything was better. One client had even thought that is was better with more questions about what wasn't functioning. Another client that came with her husband, said that she had come feeling angry and felt cheated afterwards as they left the session and were reconciled. "Where did my anger go?". In one therapy contact the therapist changed the question from "What has been better?" to "How has it been?". The client experienced this as the therapist having more hope for him. It provide a greater freedom to talk about bad things too.

One client thought it was good when the therapist asked initially if there was anything special the client wanted to talk about.

It was also noted that when it came to questioning the clients thought it was important that the therapist posed questions to all the involved people in the treatment room.

Scales

Several clients thought that they ”got a check on the situation” by answering the scale questions. What they had already done that was good became clearer as did how far they had come towards their goal. Some thought that scale questions were a spur to wanting to do more good things that they could relate at the next meeting. One person expressed that as a relative to the client, it was good that the therapist checked that the development was moving in the right direction by using the scales.

Also expressed as positive concerning the scales was that the client was given the opportunity to see things a little from the outside, and that it was easier to think about and express how one felt with the help of the scales, and that questions with the help of the scales assisted in replying honestly. One client said "I thought about the scales when I was at home too, I wanted to feel better for next time".

A couple of clients would have liked to influence the scale question more, both in content and when it should be posed during the session. They would have liked the therapist to explain more about the scales and why they were used. One client thought the scales were boring.

When the therapist asked questions with the help of the scale a whiteboard was used to write on, but it was also used in other contexts. Views about the use of the whiteboard were for the most part positive. Writing on the board gave more structure to the session.

One client thought however that writing on the board reduced the sense of intimacy.

The miracle question

We received extremely varying viewpoints from clients regarding the miracle question. Some did not even remember it. Some had no special views about the question, it had not made any great impression.

A few thought that the question was helpful in formulating how they wanted to live their lives in the future. Several clients felt that the question was difficult to answer. One client neither wanted to or could answer the question as he had previously been psychotic and felt that the question enticed him into delusions.

Team, incoming phone calls, camera.

Most of those who have opinions about the use of a team, have had positive opinions. Most thought that it was good that more people knew about their situation. It made it easier when they wanted contact by telephone or when they needed a session when the ordinary therapist was off work or had left.

Other viewpoints dealt more with whether one thought the team brought anything good to the session. Someone said that "You could feel that the therapist was supported. The phone calls were good - they come with another perspective."

Another person thought that it was "Secure and good with more viewpoints". Another client described the questions from the team as a confirmation from others that had also seen and heard. Several clients felt that they were unaccustomed to and felt uncomfortable with the camera in the beginning, but the discomfort passed after a while. One person would have liked clearer information about how we use the video tapes, where they were kept and how long they were saved.

It was felt that it was good that one was allowed to meet the team. Someone who had not had this opportunity (the client was current when the project was newly started) was critical about this. It was also expressed that it was important that the team took an active part in the session, i.e. rang in to the room with questions, otherwise the need for the team could be questioned. "Why have a team when they don't reflect?"

The intervention message and tasks

The intervention message was experienced as positive by everyone. Some thought that it worked as a ”check” - that the team had comprehended correctly and that it was a clear summary of the session that functioned as a closure. Many experienced the compliments they received in the intervention message as good. It was good that the therapist and the team emphasised what was working and what the client was doing right, as it gave hope and better self-esteem, it gave thoughts, it broke the negative and gave a positive impulse as well as making it clear to the clients that they were on their way ”up”.

One client thought that in the intervention message the team acknowledged his difficult situation and in this way he felt understood and that felt good.

Some clients thought that the break before the intervention message gave opportunity to think about the session and set oneself tasks and plan for the future as well as time to draw their own conclusions. One client thought that the break was too long and sometimes the summary was too short in comparison with the break.

When it came to being given tasks, all but one client thought that it was good and helpful as it provided thoughts about what they could do. One person said that it was good that we never said "don't do this" i.e. that we did not reprimand or admonish. The client that did not think the tasks were good said that the tasks became a problem for her. She had too much work in carrying out the tasks

Co-operation and reception

The interviews concentrated a lot around this subject. This means that all the persons, who were interviewed have answered and discussed the reception a lot. All were positive to how they were received in the sessions.

Dialogue and co-operation

Many experienced that there was a dialogue and a co-operation between the therapist and the client/family. One said that "It was good that both worked hard, both client and therapist". It was felt that the therapist listened, was actively interested and even moved. One client said "I didn't feel at a disadvantage, not like a patient"

"It was important that the therapist had a sense of humour so we could laugh about silly things"

Possibility of affecting the conversation

Several of the interviewed persons thought that they had the possibility of influencing the sessions. One family said "When we brought up something that we thought wasn't any good in the beginning of the treatment contact, the therapist changed it and we found a way that was good for everyone in the family".

A couple of clients thought that it was good that they participated in the decision to invite (or not invite) family members and that they could take part in deciding the time for the next meeting. It was also felt to be good that the client could end up the treatment as desired. Several clients thought it was good that there were no ready-made solutions or preconceived ideas, but that they worked their way towards a commonly agreed solution."By working forwards you can create positive pictures". One client said that the therapist was accommodating in talking about what the client wanted to discuss.

Therapist as conversation leader

Many thought that it was good that the therapist was a clear conversation leader that shared the time between all of those in the room, so that everyone had a chance to speak, and the therapist stopped the conversation when it drifted in to accusations and returned it to the "main theme". It was also good that the therapist had what someone called ”empathic neutrality” i.e. did not take sides for or against but took everyone’s side and listened to everyone's points of view..

In some cases the therapist suggested individual sessions for various family members. This was experienced as positive.

A couple of clients said that it was good that the therapist went through the working method carefully i.e. team, camera, calls in to the room, breake and intervention message.

One person would have liked a description of the solution focused method at the first meeting.

Respectful attitude

Some of the clients said that they felt "support from the therapist" and could therefore say what they wanted and be honest. One client said that it was good for her to use the therapist as a ”sounding board”. One client said that it was good that the therapist "showed a positive attitude and warmth over her weaknesses."

Many also thought that it was good that the therapist "normalised".

"Nice to hear that things were difficult and that it wasn't at all strange"

"I realised that it was normal to feel this way"

Some of the clients gave concrete examples of the importance of respectfulness.

"It was important that the therapist had respect for our love and our choice of partner".

"It was important that Lönnen's personnel neither wanted to or could decide about my drug abuse".

"It was good that it was accepted that one of us could rush out of the room and good that the therapist didn't follow but waited until the other returned" (pair session).

What was also experienced as significant by a number of clients was that there was good access. Partly by knowing one was welcome to return and that it was possible to ring between visits and that it was felt to be easy to make contact and be rung up quickly.

WHAT HAVE WE LEARNT?

We have learnt a lot - even before the evaluation began, during it and afterwards.

When we decided to carry out the evaluation we started to discuss what we did in the sessions, how we received people and what was of help to them. We made some changes e.g. we made an extra effort to recieve people in a welcoming and pleasant way from the moment we met them at the door prior to the first session. We also decided to be extra thorough about acknowledging the client during the conversation.

With the help of the interviews we have gathered information about things that the clients have experienced as valuable during the sessions. We have brought these together and tried to draw conclusions about what we ought to do more or less of.

Our conclusions:

We have had confirmation of the fact that people prefer questions to statements, so that they have to think for themselves.

It has become clear to us that the introductory question "What has been better?" could not be used routinely as clients experience it as limiting. We now choose the introductory question with great care in order to get a good start to the session.

We have previously thought that ”scale questions” were a good tool that seemed to be of help to the clients, but that they were as important as revealed in the interviews was a surprise to us. ”Scale questions” have become more important to us and are a more obvious tool in the sessions.

When it comes to the ”miracle question” the clients have not placed so much importance in the actual question. We have discussed the idea that perhaps the question is of more help to the therapist, to help the person explain, in a methodical way, how they would like things to be in the future.

For us the ”miracle question” is a means of reaching our goal which in turn is to discover the clients goals. There are other ways of finding out the clients goals and we sometimes choose another way, another question, if we think it suits the client better.

After having studied the interview responses we have taken less time to discuss the message intervention so that the break and the wait is shorter for the client.

Before we started the evaluation we had had a period where we almost forgot to give the clients tasks. We have been reminded that the tasks can sometimes be of great importance. But we have been much more careful about whether or not to suggest a task, and how it should be formed in order for it to be helpful for just that client.

The importance of receiving clients in a respectful way has been confirmed for us. We have understood that clients notice when there is a genuine interest in them and we try therefore to bring forth what is special for just that client through our working method and questions. We adapt our attitude so that it suits the client and we choose our language and our words to ”match” the client and create a relationship so that we can work together. In sessions with pairs or families we try very hard to remain neutral.

As we have had such clear views expressed about the value of our attitude, we want to retain this and we have ideas about how to continually evaluate the way we receive clients. One idea is to let the client, on his way out, place a wooden marble in one of four boxes (Very good, Good, Less Good, Bad) which represents how the client has experienced his/her reception. Another idea we have is to have a questionnaire in the waiting room with a few questions to answer and place in a locked letterbox.

We have had it confirmed how important it is that we present the working method with its team, camera and video very carefully and explain the aim so that it becomes something that is as natural for the client as it is for us. We have also learnt that,in order to justify the team work, the team must be active during the session i.e. ring in with questions and thoughts. On occasions when the client has felt that the working method was strange, the team has tried to ring in with a question fairly early on in the session to demonstrate how it works. It was made clear in the interviews that some thought it was good that several people knew about their situation and problems.We have noticed this as many clients who ring to us introduce themselves with their first name, they assume that the person answering Lönnen's telephone knows who they are.

OUR EXPERIENCE OF THE INTERVIEWS

By participating in interviews with our clients and listening to their viewpoints about the sessions we experienced something new and positive. Each client told about their personal experiences of the sessions at Lönnen and we as therapists and team could discuss our thoughts. We sometimes had questions concerning what we should have done differently to have made things more helpful for the client.

For example during a session with a family that was gathered, things got so emotional that everyone started to cry and it was difficult to continue the conversation. The therapist thought then that she should have taken a break so that everyone had a chance to calm themselves instead of continuing with the session. It became clear in the interview that the family thought that the best way for them to become calmer was actually to continue the conversation in order to progress and not get stuck in crying.

For the most part the clients experiences of co-operation agreed well with ours.

It was of value to us to be permitted to sit in and listen directly to the client instead of receiving second-hand information. Partly because we could ask immediately if we did not really understand what the client meant, and partly because we could hear exactly how the client expressed himself, which meant that we really took the clients viewpoints seriously.

We immediately discovered how difficult it was to give clear replies to the interviewer's questions and after the first interview we prepared ourselves very carefully in order to be able to answer all the questions.

It was unusual for us to be interviewed and not lead the questioning. We often wanted to pose follow-on questions. We had to try hard to hand over the responsibility for the interviewing to Bo Montan, as the idea was that we should be on a equal footing with the client in this situation. It was a worthwhile experience to reply to questions and see how difficult it was and that one needed time to think before one could give a reply.

The interviews took between one and one and a half hours. We were keen for it to be a good interview for all involved and at the same time a bit nervous about how the clients would reply. Even though there was usually a light and pleasant atmosphere, one was tired afterwards as it was demanding to be so concentrated for such a long time.

We thought that Bo Montan was very respectful to the clients and adapted himself to receive them in the best way. By doing this we thought that he formed a relationship that meant he could pose questions and get the clients to reply.

It was very important for us that the interviewer had a good knowledge of the solution focused working methods and was experienced in interviewing people.

THE INTERVIEWER'S EXPERIENCE OF THE EVALUATION

About interviewing

One of the visiting interviewer's tasks is to create a climate that allows those present to be honest about how the treatment was experienced. A part of this is to explain initially why we have come together. To once again explain the purpose of the interview.

I have been careful to interview the therapist first.
The treatment provider has initiated the meeting and is on home ground.
The client's interests can be woken, etc. The tension is reduced when he/she is listening. It can be regarded as polite to the client to start with the treatment provider.

As interviewer it is important to be calm, adapt the questions to how the treatment provider and client seem to be involved in the interview. It is important to follow up a question and to allow questions to be split into sub-questions. To feel free to repeat questions. To meta-communicate about the interview, i.e. to return to what we are meant to be doing, why we have met.

The interviews have been extremely varied. The desire and ability to remember and convey one's thoughts has varied. Quite naturally it has been most difficult to talk about things that weren't so good. The treatment provider's thoughts about what they thought was less good were important. If they could talk about difficult matters, then so could the client.

It has been important to find the right level for the interview, so that it felt interesting and involving, and to imagine what could be interesting for those present to continue working with. Furthermore to use a language that the client was at ease with and avoid professional language Sometimes the conversation died. It was then necessary to remain calm and begin on a new or renewed track. If things are strained and awkward, it's a difficult task not to allow one to be steered by the curse of ”performance”. If the interviewer has to ”perform” it's easy for it to be difficult for the others and a poor interview climate is created.

It has been interesting to deal with one's own prejudices and preconceptions. Often things were not as they seemed and I had the pleasure of being surprised. Much of what I thought was good about treatment work was confirmed for me. It is natural to wonder to what extent my questions were dictated by the replies I wanted to have, based on my own valuations. A certain level of awareness in the interviewer as to what he thinks and believes is effective in treatment does no harm!

During the interviews I have learnt a lot about the treatment methods used at Lönnen and seen how differently one works with the method, depending on who is providing treatment and who the client is. This richness of nuance in the utilisation of the method is something that is easily forgotten when you write and speak about a treatment method. Here I could see how important it was that each treatment could be as special as it needed to be whilst remaining true to a method.

Finally: it has been very exciting and fruitful to participate in this evaluation project.

Bo Montan

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