

Contents

- Some Thoughts about Values
- Who does What?
- Cerebral Palsy & Depression
- An Overview of Narrative Therapy
- Committee Members



disAbility and Rehabilitation
Professionals Associaton

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Some thoughts about Values

Values are developed throughout our lives based on the experiences we have and are a conclusion of those life experiences. Therefore to some degree there are no right or wrong values. There are definitely values which when expressed will support a person to safely explore their sexuality and those which will impose barriers to that exploration.

Our lives consist of 'good and bad' experiences and during all of our experiences we can draw rational or irrational conclusions which form our values base. There is also some variance in the rational and irrational conclusion that we draw.

The experiences we have are weighed and compared to similar experience that we have stored in our memory.

Our values base is confirmed or shifts as a result of the comparison of the previous conclusions with the current situation, and a new conclusion is drawn.

An example would be a person who is female and has experienced rape by a man may draw the broad conclusion 'all men are potential rapist', which is an extreme response perhaps understandable because of the experience but still an irrational position to take or value to hold about all men. If for example this person experienced time with a range of sensitive, respectful socially aware men then that initial conclusion 'may' shift is some way.

I think that because of the human intelligence our values base is developed as a 'safety net' for our identities and how we express those identities in life. I believe that people take on and are given through social conditioning more than one identity throughout life ie: parent, worker, lover, partner, teacher, gay etc.

As we begin to take on, or are given through social conditioning, these identities we 'analysis' the social norm about those identities and explore the limits and potentials within that social norm for our identity to develop a 'values position' or social stand from the conclusions that are drawn.



I do not think that is a conscious process but that it is a social privilege (knowledge, understanding and an ability to recognise and adapt yourself to social norms) that able bodied people experience to help them find where they 'plug in' with the world. People's values base is developed as a risk assessment framework for people to make decisions about their and other people's lives.

Given that we live in a sexualised society and confusing sexual messages are displayed everywhere through media (print, film, television etc.) and that people are drawing conclusion, mostly in isolation, about these experiences it is essential that people's values positions about social and sexual issues are explored.

The skills and abilities of workers discussing and challenging values needs to be at a standard which enable this process to occur. As these skills are developed and applied throughout human services, the potential for a more rationale position about providing services to the clients about relationship and sexual health may occur.

This draft document is written as a discussion starter and does not represent SHine SA position on values. John McKiernan Co-ordinator: Disability Worker Education is the author.

Email John if you would like to comment.John.McKiernan@dhs.sa.gov.au

Preliminary Notice And Call For Papers

DisAbility and Rehabilitation Professionals' Association 2nd State Conference - Embracing Diverse Abilities January 27th and 28th, 2005 Flinders University, South Australia

After the successful Inaugural Conference held in December 2002, it was decided to attempt a conference every 2 years. Thus, planning has started for a Conference to be held at Flinders University next year.

Confirmed Keynote Speakers
Donna Williams Autism
Spectrum Disorders and the Arts
Dr Paul Jewell Philosophy and Disability
Dr David Turner Ethics and Disability

Conference Themes

- Support practices that embrace diversity
- Art, Drama, and Disability
- Expression, Identity and Disability

- Complementary Therapies and Disability
- Family Based Knowledge and Experience

Important Points

- At the last Conference there was a high percentage of papers presented/co-presented by people with disabilities and/or their family members. We would like to encourage this to happen again. No Conference Fees will apply to consumers/potential consumers of Disability services who present at the Conference.
- Conference costs can be prohibitive for consumers of disability services, students studying in human services, and disability professionals from a range of disciplines. This conference will be a "no bells and whistles" conference that keeps costs to a minimum.

Expressions of Interest

If interested in receiving information about the Conference please email Brian. Matthews@flinders.edu.au and include

"Interest in 2005 dArpa Conference" in the subject line.

You will be added to the email list for information about the conference. In the body of the message please give other contact details and ask any clarifying questions about the conference.

CALL OF PAPER

If interested in offering a paper at the Conference, please email Brian.Matthews@flinders.edu.au and include

"An offer of a paper" in the subject line. Information that will need to be included in the body of the message is as follows:

- Name of Presenter (s)

- Email Contact
- Phone and Fax numbers
- Address
- Title of Paper
- Abstract/Summary of paper (250 – 300 words)

Brief Information on Presenter (s)

- Organisation/Affiliation where appropriate
- Brief biographical information (background, interest in disability and rehabilitation issues, etc.)

NOTE THAT PRESENTERS WILL BE REQUIRED TO SUBMIT AN ELECTRONIC COPY OF THEIR PAPER BY FRIDAY OCTOBER 29th SO THAT THESE CAN BE PEER REVIEWED AND PUBLISHED IN THE CONFERENCE PROCEEDINGS.

Cerebral Palsy & Depression Forum

On Tuesday 24 August, CARA is hosting a forum for people with Cerebral Palsy (and other severe disabilities), their carers and other interested individuals on the topic of CP and Depression.

Because of the focus on physical disability, depression and other emotional problems can often go unnoticed or not given sufficient attention by health professionals. As a result, many people may suffer in silence and miss out on much needed support.

PRESENTERS

- Trevor Harrison and Graham Calma both have Cerebral Palsy and will talk about their own experiences and their proposal for an ongoing support network.
- CARA has also invited key people from the Health Sector to participate in the forum, to listen to the issues and concerns and to provide information on what supports are currently available.

The Forum hopes to achieve the following

- An opportunity to share personal experiences
- To learn about what resources and support systems are currently available
- To create a greater awareness of Disability issues in the Health Sector
- To explore the idea of establishing an ongoing support/information networks

DATE :

TUESDAY 24 AUGUST 2004

TIME:

10.30am – 1.00pm
(followed by a light lunch from 1.00pm)

VENUE:

Disability Information Resource Centre (DIRC)
195 Gilles Street, Adelaide

ENQUIRIES AND RSVP BY TUESDAY

17 August to
Debbie Collins at CARA on
8347 4588 or by email
dcollins@admin.cara.asn.au

CARA LOOKS FORWARD TO SEEING YOU THERE

An Overview of Narrative Practice

Dr Brian Matthews, Department of Disability Studies, Flinders University.
June 2004

At the Inaugural Journeys Through Life Conference held in Adelaide in December 2002, there were a number of papers presented by Barbara Matthews on Narrative Practice and people with an intellectual disability. Also, there was a workshop run by Barbara and myself. These papers and the workshop prompted considerable interest in the Narrative approach. While the approach is in its infancy with regard to people with disabilities and the research to validate the approach has not yet been done, Barbara and I have found the approach to compliment well the positive behavioural and cognitive behavioural approaches that we have used in our work with families over the last six years. I thought it would be useful, therefore, to give dArpa members an overview of Narrative Practice and some of the implications for people with disabilities.

Narrative Practice has "a language of its own" (Geldard & Geldard, 2001, p. 223) and it is necessary to become familiar with some of the terminology and the differences in meanings of words from their common usage. Similarly, it is common practice for terms to be "pluralised" in the writing about Narrative ideas (see White, 1995, 2000 for examples). Thus, Narrative Practitioners often talk about "knowledges", rather than knowledge.

The Narrative approach believes that everyone has "dominant" stories about their lives but sometimes these are not helpful (particularly if they are "problem saturated" stories) because living out the stories leads to difficulties for the person. The Narrative Practitioner's role is to help replace dominant problem stories that the person has,

with other more useful stories. Therefore, problem stories need to be deconstructed and then the aim is to reconstruct stories that lead to better outcomes; these are called preferred stories. "As the person interprets each life experience, their stories, which grew out of similar past experiences, will be reinforced and thus strengthened ... new experiences thicken the person's stories" (Geldard & Geldard, 2001, p. 224). So, essentially, the idea is to deconstruct the dominant stories in a person's life and reconstruct these into preferred stories.

People tend to select memories of experiences that are consistent with the dominant story in favour of the ones that don't favour the dominant story. As more experiences are selected and gathered into the dominant story the story gains richness and thickens. This process can apply to both positive and negative stories about the person (Geldard & Geldard, 2001). However, Narrative Therapists focus on neither exploring a person's feelings or fixing the problem. Instead, they explore how people construct meanings both about themselves and their relationships with others. The process involves: (1) listening to and understanding the person's story, (2) deconstructing the problem stories, (3) Re-storying, and (4) sustaining the change.

Listening and Understanding

The important issues in listening to and understanding the person's story are seen as relating to (a) what they select to tell you, and (b) ensuring that you have an idea about how their story fits within the family/friendship culture. Having developed an idea of what the person sees as their preferred ways of being, the practitioner can then help build a preferred alternative story

Positive alternative stories may not be easily available to the person and so it is important that we help the person identify times when they have been in control of the problem. These sparkling moments (White, 2001) help the person to identify the values that aid him/her to behave in the preferred way. By identifying as many sparkling moments as possible, this thickens preferred alternative stories.

Deconstructing Problem Stories

The person and/or the family is then assisted to deconstruct his/her problem stories. That is, he/she is invited to look at their problem from a different perspective and to notice how these stories were constructed. It is seen as particularly important that they note the limits that the stories place on them and that they discover other possible stories (White, 2000).

Externalising conversations (see Morgan, 2000) is a powerful tool for deconstructing the problem. The essential idea is to separate the problem from the person. Geldard and Geldard (2001) give the example of a person describing themselves as "anxious", but the practitioner asking "How does anxiety stop you from doing things". The idea is that you have difficulty fighting a problem if it is part of you, but if you are fighting something else, this can be really effective. The person is being helped to stand apart from the actions that are causing them and others concern.

Use of the person's own language is seen as critical. That is, the practitioner is asked to listen to what the person is saying and use the person's words where possible. In the work that Barbara and I have been involved with over the last few years some of the labels we have used

to describe the problem have included, The Trouble, The Tantrums, The Worry, The Self Talk, The Geek, The Mental Thing, Sneaky Poo (This term originally came from Heins & Ritchie, 1988), and The Angries. Regardless of the label that is applied to "the problem", it must come from the person or be taken up eagerly by the person once it has been suggested.

The shift in language is seen as a critical issue by Narrative Therapists. They advise using our language in a way that is critical of the problem not the person. "So how did the tantrums trick you?" or "What did the tantrums have you doing?" instead of something like "I hear you had a tantrum today – tell me about it". It has been our experience that some families take to this language quicker than others but the sooner they do the more positive are the outcomes.

Re-storying

This stage involves encouraging the person to talk about the way they would prefer to be and what they would like to be happening in their lives. This is done through careful and respectful questioning of the person. Questions often suggested include "Did that surprise you?" or "Is that something that you want more of in your life?". Another good and simple question is "Is that a good thing or a bad thing?". This is seen as encouraging the person to take a position about the problem.

In re-storying the sparkling moments are explored more thoroughly as is the meaning of the preferred story. A young woman with Down Syndrome with whom we worked talked about her "Strong thinking", "Strong Memory" and her "Mind Training" abilities. Another young man with Down Syndrome who we have assisted to manage his grief developed a "Happiness

Chart" (see Brown & Brown, 2003, Chapter 9).

Therapeutic letters are often an important part of this stage (Freeman, Epston, & Lobovits, 1997). Poetry may also be used to help reinforce the preferred story (Brown & Brown, 2003) and these days email is also an option embraced by many people.

Sustaining Change

Change is sustained by thickening the preferred story and identifying who in the person's family/friendship culture will support them in the process. In many situations (particularly those where someone has been devastated by a major event such as sexual abuse in childhood), witnesses are invited to act as listeners to the story and to link their lives with the story. In other situations witnesses may be real or imagined, present or not present. This process is termed re-membering, a meaning that is similar but different to the normal meaning of this term. "If your Mum was here now what would she say about all of the happiness coming into your life?" (Brown & Brown, 2003).

Witnesses, real or imaginary (toys are sometimes used as witnesses) validate the changes the person has experienced, confirm that they have noticed changes, draw attention to changes the person themselves may not have noticed, and relate the problems to similar difficulties the witnesses may have had in the past. The focus is on the preferred alternative story and asking questions of witnesses allows a richer description of this.

Conclusion

Narrative therapy is not an "expert" type of therapeutic model. Rather, narrative therapy is a practice, the basis of which is co-research. Narrative practitioners are very interested in engaging people in explorations of their lives, their experiences and their knowledge. Narrative conversations encourage people to become aware that they are the experts because they are the owners of their own knowledge and the authors of their own lives.

While this is just a brief overview of the approach with limited examples, I hope that it conveys the sense of what Narrative Practice/Therapy is and the applicability it may have to the disability field. I hope to publish some of the work that has been done in recent years in the near future and will direct dArpa members' attention to these publications.

Some Relevant References

- Brown, I., & Brown, R. I. (2003). Quality of life and disability: An approach for community practitioners. (Chapter 9, pp 197-206) London: Jessica Kingsley Publishers.
- Epston, D., & White, M. (1992). Experience, contradiction, narrative and imagination: Selected papers of David Epston and Michael White, 1989-1991. Adelaide, South Australia: Dulwich Centre Publications.
- Freeman, J., Epston, D., & Lobovits, D. (1997). Playful approaches to serious problems: Narrative Therapy with children and their families. New York: W. W. Norton.
- Geldard, D. & Geldard, K. (2001). Basic personal counselling. (4th Edition) Sydney: Prentice Hall.
- Hedtke, L. (2001). Stories of living and dying. Gecko (Number 1). Adelaide: Dulwich Centre Publications
- Heins, T., & Ritchie, K. (1988) Beating Sneaky Poo: Ideas for faecal soiling. (2nd. Edition). Phillip, Australian Capital Territory: Phillip Health Centre.
- Morgan, A. (2000). What is narrative therapy? An easy to read introduction. Adelaide, South Australia: Dulwich Centre Publications.
- Nixon, G (2002). Deconstruction, disability, and sex addiction: Embracing the narrative perspective. International Journal of Disability, Community, & Rehabilitation, 1 (3) Canada. Retrieved March 20, 2003, from www.jidcr.ca/VOL01_03_CAN/nixon.shtml
- White, M. (1988). Saying hullo again: The incorporation of the lost relationship in the resolution of grief. In C. White & D. Denborough (Eds.) Introducing Narrative Therapy: A collection of practice based writings. Adelaide, South Australia Dulwich Centre Publications.
- White, M. (1995). Re-authoring lives. Interviews and essays. Adelaide: Dulwich Centre Publications.
- White, M. (2000). Reflections on Narrative Practice: Essays and Interviews. Adelaide, South Australia: Dulwich Centre Publications.
- White, M. (July, 2001). Intensive Narrative Therapy Workshop, Dulwich Centre, Adelaide, South Australia.

Who Does What?

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