

inSocialWork Podcast Series

Episode 149 - Dr. Lawrence Shulman: Integrating Science and Art in Evidence-Based Practice

[00:00:08] Welcome to in social work. The podcast series of the University at Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're so sure from Buffalo everybody this podcast celebrates the sixth anniversary of our podcast series we love doing the podcast series but we couldn't without the generosity of our guests her interviewers and most of our listeners. So thanks to celebrate. We asked our old friend Larry Schulman to talk with us about the integration of science and art in evidence based practice after Schulman begins with a brief overview of what constitutes an evidence based practice he discusses how to integrate evidence based practice concepts and interventions while maintaining social or its unique role and the worker's personal artistry and provides numerous examples about how to apply these ideas and recommendations. Dr. Lawrence Shulman is a semi retired professor and former dean at the University of Buffalo School of Social. He is the author of many books and numerous articles and he has done extensive research on the core helping schools in social practice supervision and group work. His status as a long term contributor to the practice of social work is well established. I interviewed Larry Schulman by telephone in July of 2014. Hi everyone. Our guest is a friend of the show and a longtime friend to many of us here at the School of Social Work. Larry Shulman Hi Larry. Hi.

[00:02:14] So today we had planned to talk about your thoughts on social work practice and the impact of a pretty widespread adoption of evidence based practice. I know that you believe that evidence based practice is kind of misunderstood and misused and that that fosters a kind of false dichotomy of science and art. So I guess I'd like you to just kind of take off and write from there. Sure. Well you know basically they're all on the same page. These are a number of models that have been federally funded over the years. And a National Institute of Drug Abuse and I tripple etc. and they don't call it an evidence based practice or b p unless it has some rigorous testing some of the requirements are you have to see that the best scientific knowledge is included. You have to have a metter analysis of existing outcomes so that is the number of studies and you have to combine with professional ethical standards etc. and randomised control outcomes studies. I'm just being briefed on this but I did want to summarize that and the three big ones I think that people talk about that started early and are widespread would include solution focus practice motivational interviewing and cognitive behavioral therapy. Now I do want to be clear I think there are some wonderful ideas that emerge from many of these new models including the three I just mentioned and I'll give some examples as we go through the conversation.

[00:03:53] But my objection My concern is with some rigid protocols where people feel they have to practice in a very specific way and almost at time organize practice which I don't think really takes into account what's going on with the client at the moment but also starts to strip away the artistry that I think most practitioners bring to their work. So my whole goal is not to abandon evidence based practice but to take the best parts of it and integrate them into something that I think a professional can feel comfortable with and find a way for them to use the science to enhance their art rather than or restrict their artistry. So I think that's a major issue. So since our last podcast Larry that you and I did together I've changed my interviewing style. I'm now modeling it more after Stephen Colbert of The Colbert Report. So here is when we're talking about his space practice and also the art of practice. Here is the challenge. So Larry what's the problem with the practice approach that tells us what works and what to do with our clients. It's perfect. What's the problem with that act not the problem really when you look at what's going on right now for example and you read the literature that comes out of the NIH agencies and I'm summarizing this what they say

is consistently that they spend billions and that means billions of dollars supporting the research but they find there's a huge problem in sustainability. So they come out with evidence based practice models that have training sessions people set up private consulting groups they train supervisors and agencies to try to implement these practices. And over a period of time the practitioners go back to the way they used to work. So that's an anomaly. And what is the source of the anomaly. My own view is the source of the anomaly is this rigid protocol.

[00:06:02] Do give me some examples that may help intuition focus which I like very much by the way and I'll give some examples. I have supervised or trained people or use some of those ideas myself. But there is some issue around reflection and in one article one of the people writing about this lack of Sustainability's who says well maybe the problem is when you have to do three straight. I hear you sayings and then pause and then three more I hear you sayings. Some people might consider that to be mechanical. Well it is mechanical because you're busy counting your I hear you saying or your reflections and you can't possibly be listening or feeling with the client you're talking to. That's just one example I think there are a whole lot of others on the other hand. Let me just stay in focus so people don't think a critic that has no appreciate for some the strengths we work in Buffalo we still are by the way with a project for kids in one of the schools in a city school a school violence prevention program funded by New York State. And so our social work students from Eubie who are placed there and the professionals they will sit with these kids who are suspended and one of the questions though asked them not say things like you know last year you got through almost the full year without being suspended. What was going on in your life that helped you get through the whole year without being suspended. That's a solution focused technique.

[00:07:36] I think it's terrific because it focuses the kids not on what got him into trouble but what were the sources of stress and hope that kept them out of trouble. I like some of these side. Every one of the models I mentioned I like in some ways its rigidity that gets me troubled. We had a good example you do one more and I'll get into this later with some other illustrations. But we had a project that our own school the school social work that was part of a 16 state funded program for parents and kids on a parent effectiveness program that was funded by night the National Institute of Drug Abuse. And I wasn't part of the project but we had a senior faculty member of ours who was leading the project at our school. And they would bring in parents and they bring in kids and they'd have dinner together the parents would meet separately. The kids would meet separately they'd bring them together. It sounded like an interesting idea. Our group of participants in the study included about half of them who were referred to me by the child welfare system and they were told in effect that they need some help on parenting skills and of course they could refuse to come but also have their kids removed. Now there's a room and I've seen this it was right in our own school and they're having this meeting. And there's one camera and the camera the video cameras taping focus on the presenters and the presenters are presenting content to the parents. Now half of that group has their arm folded.

[00:09:10] You can just imagine what this resistent a mandated group of parents is thinking and feeling as if they're hearing a word that's being said they're not because of their feeling of Resistance of being birth there. Now at the end of the session I spoke to the leaders who were good group leaders and I said didn't notice right from the beginning you were getting a lot of resistance. My guess is that would we have explored the resistance you would have said something about it and opened it up for discussion. And they said yes we would have. But it's not in the protocol and we had ten minutes to deliver this 15 minutes to deliver this. Why. Well there are 16 sites we have to have I'm quoting dosage integrity right across the sides. Now that to me is a good example. I mean the program sounds great but that's a good example of how people are restricted in their work. And I know these group leaders I've seen other groups that they said they are wonderfully artistic group leaders. They would have known how to explore that resistance. The protocols that the cookbook or the recipe approach you know no matter what's going on has obvious caveats for I know the type of

practice that you've espoused for a long time. Could I ask you this. Why do you think that the whole kind of movement meant more and more toward evidence based practice and even the way it's been interpreted. Which I don't think has always been true to the approach itself. Why do you think it's gathered so much traction. What's the appeal for people in your opinion. Well you know as I go around agencies are under a lot of pressure.

[00:10:51] For starters state agencies that run them or fund them private boards etc. They want to be able to say they are effective and they are providing a service. I have an agency that I had contact with in Ontario and as part of the agency they had a program for parents and kids who had a DHP and they were advertising this provincially wide and getting funded as an evidence based practice. This was at exactly the same time when the association that represented parents and kids with these problems on their web page was saying there is no evidence based practice yet. There's a lot of research going on. And I have a memory I just read something in another online thing where an agency of child welfare agency was congratulating itself because the state had decided that they had an evidence based practice. What was the evidence when we did a survey of their clients in a crisis like the work they thought there was good at that. So now they're advertising themselves as evidence based practice. So what I'm saying. I think there's a lot of that. And I also think this will get me in trouble. But I think there are a lot of academics who teach these things who don't practice themselves and maybe haven't seen applying for a long time. I give you one example. I saw this one motivational interviewing once again. I really liked motivational interviewing in terms of the phases I've trained Stages of Change for Cheskey and DiClemente I think they're right on target was very useful. I'm watching this guy working with substance abuse counselors and an agency and he's presenting motivational interviewing and protesting and commenting.

[00:12:32] And he's got a room with all of them have their arms folded. Half of them have walked the walk and talk the talk but don't have degrees. The other half had degrees but have not walked the walk and talk the talk. If you've ever been in a substance abuse treatment agency that is very common as he is presenting he runs into a wall of resistance from these guys and he battles ahead. It's a battle of wills him trying to push this them resisting. You name it they get nowhere. He walks out of the room and I saw him and he says I think these guys are just on motivated. And I said was it possible you were dealing with a group a group of professionals who were in the Praet contemplation stage and you didn't really understand what I was saying. So instead of starting with them and saying to them I'm going to present some ideas that may be useful may be helpful. But before I do can you tell me some of the things you run into when you try to treat people who are in recovery or should be in recovery and are not you understand what I'm saying. You know my work listen first later and he would have gotten all of the issues that they experience. In fact I think he actually got them because I think the people in his training group were acting out the problems that not knowledge that they weren't conscious. They were acting out the very problems they experience when they work with clients. And he wasn't skillful enough to notice it.

[00:14:03] So he was in the action stage working with a group in the precut stage and he was modeling the opposite of what he was supposedly teaching and making some sense on his peer. Yet you think this fellow believed that he was actually implementing an evidence based practice. I don't think he realized that when you teach an evidence based practice when you supervised it you have to model the expression I use is more is caught than taught. So you can't for example in a Sprent perspective and I think solution focus by the way has a trans perspective which I really like. You can't sit down with your worker as a supervisor then go over an interview where they didn't get anywhere and say did that work. Well you know I don't think you were really listening or hearing with his client was saying you were treating them as if it was pathological you weren't treating them as if they had strength. You say that and you're now in a battle with the worker. The solution focused approach if you want to use it as a supervisor would be to say that that same worker as a supervisor you know over this past year I've noticed you've been successful with some of your

clients and ran into roadblocks like this one with others. What was going on or what was helpful to you with those clients that you were successful. Be honest when I just did I model you've modeled and you've kind of shown the way collaboratively which I think you've referred to many times just kind of a parallel process. That's exactly right. Last one on supervision that we did and I got a lot of feedback from people who really appreciate the idea of the parallel process.

[00:15:41] When I read a workshop I tried to model in the workshop but I believe you know mutual aid for example getting workers to help each other supervisors. I just came from a conference the international interdisciplinary clinical supervision conference. So what are the workers when I begin I'm doing a presentation and part of it is the parallel process and how do you integrate science and art and are part of the problem is this thought and you talk about being overwhelmed in their agencies their agencies are telling them they have to use these protocols because they're getting funded based on it. Meanwhile they seem to many clients are not getting support. So they're supposed to use these protocols and at the same time keep their billable hours up and raise the billable hours. So I have to work with them supervisors supervision conference on how they could work with their workers to help them sort out what parts of these practices they can use and how did they start to make a case to their administration that there would be more effective in the long term and the real effectiveness with clients if they don't get locked into that protocol and that was part of the workshop that I had to do just that last week. So I'm listening to you talk let me just see if I can say it in a slightly different way and tell me if I'm on the mark just circle back to evidence based practice and it sounds like when it comes to implementation of evidence based practice. The problem is one of extremes. There are people who are going to hold on to the science and they're going to cling to the research and that's it.

[00:17:23] They're going to hold onto it very tightly and I think it's fair to say there are a lot of practitioners at least. I hear this in conversations who just think you know evidence based practice is destroying the art of social work practice and the therapy practice so they'll dismiss the evidence completely because they know what works. And human beings are complex and you have to have many many tools and in many ways you have to work by the seat of your pants. And so people don't bring them together is the argument that you're making. Well there is a polarization and what you just said I think you're absolutely accurate and interesting. Think about it like why would people adopt things rigidly. I've seen students who graduate in their first day as an MSW for example say I'm a solution focused practitioner or what you do. I do cognitive behavioral therapy and there's a certain key about that that makes them feel good. Dewey had an expression on it. Quest for certainty and one of the things he wrote that we were I to be certain. And of course that closes them off from seeing how the models really work and making adaptations. I do think that if you want to be looking at evidence based practice if you want to look at the one you ought to learn the model you want to learn how it works how it gets implemented. You would have be open minded about it and then when you have a good grasp of it you can now start doing variations on that. So I'm not objecting to people taking a whole course on Coggin therapy.

[00:18:58] What about objecting to is feeling that they feel that at the end of the course that now a cognitive behavioral therapist then that and even the research even the research isn't that clear in terms of long term impact. A lot of the research is short term research that people finish their treatment that they know the coming on which area we're talking about. So it's even the research on it is not as significant or long term as some people would like us to believe. So the quest for certainty I think is part of it. I think that it would be very helpful if US educators were able to help us avoid coming to premature closure. One of the expressions I have is so many models and so little time. And so we try to teach at least one or more. So what I have done from my own practice my own teaching my own research and my own writing is I've built on the Shwartz framework as you know and developed what I call the interfactional model of practice which I think has any of the poor dynamics and skills that cut across all settings supervision and practice different

populations and then using that as a framework such as Time For example the perimeter your preparatory phrase frame tuning into the client the beginning or contracting work the middle or the work phase where we avoid the illusion of work the ending and transition phase so I had that as a framework. Now in that framework I can integrate all kinds of ideas motivational interviewing is really great I have an example.

[00:20:36] I don't know if I was in the paper I sent you in advance of somebody beginning with a group of people mandated to come to a group because driving while intoxicated the W eyes judge said you go you go to prison first session she's sitting there a young woman leading the group they all have their arms folded she hands out a sheet. One of them takes the sheet which has the agenda for the day and for the whole series crumples it up and tosses it into a wastepaper basket. Remember this young woman reading your group you know maybe 20 men and they're all waiting. The witch is going to do well she doesn't get into a battle of wills which I think many people would in this area. You know if you don't want to be here one actually about to send a note to the judge and let him know etc etc. She says skilfully it looks like you really don't want to be here. I'll bet you're not alone. Bet most of you in this group are wondering why you're here. And that opens up a discussion. Yeah so I got picked up on a weekend. I was lucky that so all everybody drinks a little on the weekend to have a drink and all of a sudden they call you an alcoholic. I don't want to be made to feel guilty. So what's the art. This is motivational. You were at the pre contemplation stage. She jumps up to a white board and she writes don't want ok you don't want to be called an alcoholic. What else don't you want. I don't want to be made to feel guilty and on and on.

[00:22:04] She's making a list of what they don't want. And guess what that was is the agenda that he crumpled up and threw it away. Not to me that's motivational interviewing but it's also artistry the way she did it. Yeah absolutely. And you know I'm listening while you're talking and you know I actually try to teach the stuff myself. So when we have especially in the MSW program when I have conversations with foundation your students and they're learning about evidence based practice. It seems that the way they put that together is OK. There are schemes if you will that if I just identify the problem through an assessment evidence based practice will tell me which model will work for this problem and pretty much what I should do. And then you know I'll say. Is there more. Tell me what else you read or you know I haven't done a complete lecture yet. And it's interesting because that's often where they stop that's their interpretation of the approach. But what you're saying is in addition to that there's a huge role for clinical judgment. That's the part where the clinician is not rigidly following a script. They are wondering hey OK as I talk more with this particular client does the evidence based practice for this type of problem work for this particular client. That would be the clinicians role. You're raising me read me right now a much larger issue that goes past the evidence based practice but very very directly related to it and it has to do with what I've called the paradigm shift.

[00:23:54] I'm not going into details about a paradigm shift but you remember if you went back to your astronomy the earth was the center of the universe and everything rotated around the. Hey Copernicus Galileo. Maybe the sun is the center of the universe. That was a paradigm shift. Major difference in thinking. Of course there are a lot of people who are economists who still saw the Earth as a center of the universe. So in my view the paradigm shift for the profession is letting go of the model that we've borrowed from medicine and that model we borrow for medicine was three stages you just described it. We do a study we make a diagnosis or assessment and we develop a treatment plan. I have no problem with studies. I think assessments can be very helpful. You have to make them all the time and a general strategy of work or treatment is fine. But I don't think practice works that way. That's why I call it interactional in nature. I think as you're sitting with the client no matter what you said with your supervisor and what treatment plan or model you develop you're being influenced moment by moment by that client and that rather than being rather than thinking am I using the right approach with this client you to be feeling what that client is generating inside

of you and how that is affecting you and how you in turn are affecting the client. That's a different paradigm. It doesn't that those the other ideas. I'm not and you gave me any event but it says that's not what practice actually looks like.

[00:25:26] So if you go in with what you have determined for that particular client is the appropriate evidence based practice you're busy implementing in practice. You're not hearing client. I can give you example after example where that happens in my research years ago when I videotaped a hundred and twenty hours of social work practice and we analyzed that using a system that I developed category observation system. We put a number down to categorize the behavior. This was a long time ago when you punch cards remember and you brought them to the computer center in your hand and that tells you how long this study was. But we were able to my research assistants were able to code with we so what the social worker individually and the group was responding to what the client was producing and nighttime and for the first thirds of the session we found that 60 percent of the time the worker was working on one set of ideas and the client was producing a whole different set of problems. They missed each other like ships in the night. That is not an international model that's a model where you've decided where the interview is supposed to go. And you literally don't hear what the client is saying. So you touched on I think a larger issue Peter which is really the paradigm shift that I think is taking place and so well I'm just saying that within a framework and I don't care if it's the international model where you come up with another one. I mean I'm very close to psychoanalytic theory. I like Karkar for like Truex. You know they will Rogers was wonderful ever since he left the workers peeling out psychiatry's fields as if we didn't really have them but otherwise these are wonderful ideas.

[00:27:03] So I could take any of these models that are at least paying attention to what's going on between you and the client at the moment and integrate into them some form of evidence based practice. This comes from a guy named Jeff Albert who was one of my students in Boston and wrote a nice article on work with psychiatric patients. But he integrated into a mutual aid model cognitive behavioral therapy. And so this is brief excerpt from one of his sessions. The patients are dealing with this is his writing patients who are dealing with the idea of permanent thinking that when they are depressed for example treatment can seem interminable and futile. This sense of failure and permanency in turn affects their ability to continue to cope. So this guy is now leading a mutual aid support group based on the international model. But he's going to introduce Cognitive Behavioral Therapy ideas. Sharon said I had the leaves raked into piles then the wind blew them all around the odd again. I thought what's the use. They'll never get done. It will always be leaks. Then I went back to bed. My body started feeling heavy. I couldn't get out of bed. The group leader points out that Sharon had used the word always when speaking about her hospitalization. She had said I always go back to the hospital. The reader asked Is it true. There will always be leaves is the job never done. Sharon said that's one way of looking at it. I asked the group otherways members suggested the chair and think about the test she has completed.

[00:28:45] This would be considered disputation in a cognitive behavioral model. Nick said maybe you would have to redo the rating once or twice maybe even three times but not forever. Again disputation. Another one said. I mean you do what you can. Then it snows and you're done. They all laugh. I said the reader you do what you can. That's straight ahead according to behavioral therapy reframing disputing helping people start to change their mind and get it integrated into a mutual support group where the help is coming from other patients not just from the worker. Am I making it clear what I mean. I mean I'll take these is but I don't want to integrate. I don't want to use them in a mechanical way I want to use them when they fit in where they fit and I want to use them in a model that I feel comfortable with is a huge oversimplification. But but in so many words it's really science and art not science or art which is I think the mistake that people make. Yes. Yeah I like the idea of these notions that there are splits dichotomies all kinds I mean you know my teacher and you've been involved in workshops I've given you my book. I think my book so use my book

anyway. And my professional and my personal false dichotomy. You have to use yourself in a professional way. Do I support or do I confront false dichotomy. You have to confront. And that's one of the most supportive things you can do.

[00:30:20] There was confrontation in the excerpt I guess read but it was gentle and supportive confrontation because the disputation you know do I deal with the individual or group a false dichotomy. Look at this example where and look at the example of the driving while intoxicated when the guy threw the thing away instead of dealing with the individual versus the group. She was smart enough to say I think you're not the only one who feels that way in this group so she was dealing with both the individual and the group. The second client it's all these false dichotomies. Science and Art I think has now entered that false dichotomy. So yes we can use science but we should use asides that frees our artistry not one that takes that away. Yeah a lot of the ways that you have approached things you know having been around you and even watching you work. What I've always liked about it is that for example you stuck with the science certainly science and evidence was guiding your practice. You were very willing to exercise a certain level of clinical judgment in kind of applying that with the particular client. And what I like what you have always espoused is you at the end of all that you are very likely going to turn to that client and say and so what do you think about all this evidence and how ice your situation collaboratively now you are chiming in and we're creating together in kind of an odd way a new unique set of evidence about what works what is a client.

[00:32:01] Yeah well what you're describing I would shorthand quote with working with the clients that have working on the client and when implementing an evidence based practice in a very rigid way you know following protocol after protocol. We're working on clients with doing what you just described and what I'd like to think my practice is all about working with clients. I could see someone saying to a client you know this is hoping for a motivational interview which is very interesting. It says that sometimes people are in a Prikhodko they don't even know they have a problem they call it contemplation and until they move the contemplation and begin to think they have even have a problem. There's no way they can take action to solve it. You think that it's anything you're going through right now. What's is you think you're it would be a very clever I think an artistic way of using some of the concepts of motivational interviewing bringing the client on board. It's no secret. You know take a course on it is a very nice idea. There are other ideas too. You know that I don't want to go into detail with each of those models but I think each one of them has within them when there's a rigid protocol elements that I would use I will never in my life. I'm sorry as much as I like solution focused ideas. I will never ask the miracle question. But I think it's silly. If I were a clock and you asked me the miracle question I might answer it. But in my mind I'd be saying What the hell is he talking about. Yeah I think at this point a lot of clients will say hey that's a miracle question extra. That's right. It's interesting.

[00:33:44] I will say this not necessarily with academics and researchers but when I work with supervisors managers or practitioners there's a very responsive note when they hear me talking about this it's touching on something it's letting them say I can use science and not pulverise like the group you mentioned before which is none of this research counts but I can use myself with the science. I don't have to lose myself. It's a very profound I think understanding and you know we have other models who were talking about what's called evidence based practice but what about emerging models. Spirituality that's a very interesting idea. Well there's no evidence for that Larry. Yes but it should be. So I think we have just too often we've turned off things that have been meaningful to clients and just not considered them. Spirituality is a good example and we're just beginning to learn about post-traumatic stress and secondary trauma for workers and how you treat secondary and primary trauma. So these are gay and lesbian and transgendered practice. There are models of practice there too which may not have a lot of quote unquote evidence based practice studies but they offer very interesting ideas from our practice wisdom. They should be on the

agenda for the studies as well so that we learn more again about what works. I did science. I did practice in the very beginning of 40 years ago when I started really as an academic. I read my friend Joel Fisher's article and his article said is case work effective. It was in the social world journal 40 years ago. Joel made the case that the research that he looked at the matter of analysis said we were effective.

[00:35:33] I wrote a response saying the job you asked the wrong question the question was not is case work effective. The question at that stage should have been what is casework. Because we had not operationalize the independent variable. We hadn't really been able to operationalize and measure what workers actually said and did when they work with clients. And so my research has always looked at many variables and outcomes I'm interested in outcomes but it's always been process research. Forty years ago I did some of the first category observation analysis videotape analyses practice and so over the years my teaching my supervision my own practice practice every year with some kind of a group I always felt pro bono group would be important to keep me in touch but I always was interested and curious about what the work could do and how did it help and what was the intervening variable. I called a working relationship. They now call it a therapeutic alliance and even the group Alliance which I think is very exciting. You need to understand that's powerful. So I've always been interested in process so I don't have an objection to evidence based practices that are describing processes that the work is we use. I just don't think we ought to be rigid about it. Yeah maybe a name change to evidence based processes would really kind of define it better in some ways. My read somebody at one of these we have social work at research conferences and so someone was giving a paper they wanted to change the name of our profession from social work to social research practitioners. I thought that was interesting.

[00:37:15] Yes mom I got my degree from a social research practitioner if she wasn't going to ask what do you do or have you that would be good. The other example that was very creative and in the book and I just used it as a very powerful one. It's about working with a group of young teenage women mostly survivors of sexual abuse by parents and it's a very difficult group because each one has to be in control of the disclosure. They weren't in control of what happened to them. That have to be in control of disclosure. I won't go into details of some very powerful moments in which I have trouble even reading in a workshop without much of coming close to tears. In fact my wife will always ask me at the end of the day what pointing to worship did you cried today. Because these things are moving. But at what these workers do they recognize that these young women have internalized the images damaged goods and like to an end. Power is this and impotency and trying to control their lives. Things were done to them. And so in Boston there's a Take Back the Night march and they get these young women and they say would you like to go on the march. And of course there's all kinds of fears but they go and the next session they come back talking about how it felt to be marching and singing and shouting with the women and feeling empowered. If I'm making sense by being able to stand up and argue for women's rights against violence.

[00:38:51] So in the last session out there the last thing I read and I'll answer any other comments or questions you want and next to the last question. The workers doing a wrap up. I had noticed for some time that Linda seemed agitated and struggling to contain herself. The other member Rita came to a pause and I said what's going on with you and Linda seemed startled to me. Why what's the problem. I answered Well Reid has been talking about her for a while now about a family and I know your family has been a source of your pain. You seem upset right now. I wonder what's happening. Linda began to talk about having a great deal of pain all the time. She said her losses had totally overwhelmed too lately. She didn't know how she was going to make it. I immediately felt the group come alive. There had been a little bit of an illusion of work people talk but nothing real is happening. Linda and various members talk for sometime about how hopeless she felt. I reached for her ability to cope with her pain. Solution Focused I'm hearing you have so much pain and sadness right now Linda. I wonder what you're doing with all this hurt. She said she was crying

over just letting herself feel the sadness. She was also writing in her journal and writing poems. She mentioned she had just written a poem today about where her pain was taking her.

[00:40:13] We all asked her to describe the title of the poem was Children of the rainbow it describes how beams of light are shattered and broken as they pass through a drop of water and how they can emerge to form the vibrant colors of the rainbow. The poem said that she and all survivors in recovery light beams of light and if they can make it through their pain will become vibrant beautiful and whole. The group remained quiet. We had tears in our eyes. I was having trouble Chris when there had been my patient for a while. I had a lot of feelings about leaving her. I said I found the problem to be moving. I knew she had incredible pain but her art and her beauty create were powerful vehicles for carrying her forward and transforming the pain and the group ended after that. I mean what we're seeing in that is not just the rethinking or reframing of their power their ability to confront their abuses etc. but also the use of OT their use of art to help create a different image of themselves. Carpenter behavioral therapy it may not be called that but I think that's what it is and beautifully artistically done. I hope I've made the film clear. Yeah that was kind of probably a really nice place to conclude our conversation. It was a great example. I'm pretty sure that there are not a lot of treatment protocols that explicitly call based on the evidence for clients sharing poems in their groups. And I think that's a pretty powerful experience for the entire group and it makes your point on two different levels. I mean the art of letting things happen in the group and the support of the client using art to express her ways and in ways that are beyond typical conversation. It's a nice example for our profession.

[00:42:16] My police departments where we have to find a place. For example when the new Health Care Act where the various professions are competing for which ones are going to be quote you know the chosen professions. It's very important that we understand this issue and not just adopt sciences or art because we want to make a good impression. The other thing is the example I like about the part of the examples I like that she takes him out on the street and is doing social action now is that in any of the other evidence based practice that are drawn from other professions by the way psychologists psychiatrists not I've no idea knows. I don't see it. I'm in counseling also I have a doctorate that's psych and I read their journals. They're just beginning to understand. We need to practice with the community the agency politics as our second client and that's part of the healing process. Now you won't find that many I have met it would find that many of the protocols that's been central to our profession. I don't want to give it up yet. Well I think you're right is a great point that you really the other professions are largely the people who have developed the protocols and so it's really there in many ways they're not written for the things that we stand for and making it our own. The art or it's part of the art. Larry thanks a lot. Well Peter thank you I always enjoy these conversations. You've been listening to Dr. Larry Schulman discuss the integration of art and science and evidence based practice on social.

[00:43:59] Hi I'm Nancy Smyth professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu.