UNIT 3 SOLUTION FOCUSED THERAPY

Structure

3.0 INTRODUCTION

Solution Focused Therapy (SFT) is a form of brief therapy which builds upon clients' strengths by helping them to evoke and construct solutions to their problems. It emphasises the future, more than the past or the present. In a solution focused approach the counsellor and client devote a greater proportion of time to solution construction than to problem exploration. They try to define as clearly as possible what the clients would like to see in their lives. This unit will offer an overview to the general structure of Solution Focused Therapy. These following sections are included in this unit: overview, description and basic tenets of SFT, ingredients of solution focused therapy, the process and treatment principles of SFT, various intervention techniques and applications of solution focused therapy.

3.1 OBJECTIVES

After completing this unit, you should be able to:

- Describe and explain the rationale of solution focused therapy;
- Explain the key ingredients and tenets of solution focused therapy;
- Discuss the practice, issues and treatment principles of SFT; and
- Describe the various interventions and applications of SFT.

3.2 SOLUTION FOCUSED THERAPY (SFT)

The Solution focused approach originated in family therapy. Solution Focused Therapy treatment is based on over twenty years of theoretical development, clinical practice, and empirical research of the family therapists Steve de Shazer, Kim Insoo Berg and colleagues at the Brief Family Therapy Centre in Milwaukee, as well as Bill O'Hanlon, a therapist in Nebraska. The members of the Brief Therapy Practice in London pioneered the method in the United Kingdom.

Solution-Focused Therapy is different in many ways from traditional approaches to treatment. It is a competency-based model, which minimises emphasis on past failings and problems, and instead focuses on clients' strengths and previous successes. There is a focus on working from the client's understandings of her/ his concern/situation and what the client might want different. The basic tenets that inform Solution-Focus Therapy are as follows:

It is based on solution building rather than problem solving.

The therapeutic focus should be on the client's desired future rather than on past problems or current conflicts.

Clients are encouraged to increase the frequency of current useful behaviours

No problem happens all the time. There are exceptions that is there are times when the problem could have happened but did not. This can be used by the client and therapist to co construct solutions.

Therapists help clients find alternatives to current undesired patterns of behaviour, cognition, and interaction that are within the clients' repertoire or can be co constructed by therapists and clients as such.

Differing from skill building and behaviour therapy interventions, the model assumes that solution behaviours already exist for clients.

It is asserted that small increments of change lead to large increments of change.

Clients' solutions are not necessarily *directly* related to any identified problem by either the client or the therapist.

The conversational skills required of the therapist to invite the client to build solutions are different from those needed to diagnose and treat client problems.

Solution Focused Therapy differs from traditional treatment in that traditional treatment focuses on exploring problematic feelings, cognitions, behaviours, and/ or interaction, providing interpretations, confrontation, and client education (Corey, 1985). In contrast, SFT helps clients develop a desired vision of the future wherein the problem is solved, and explore and amplify related client exceptions, strengths, and resources to co-construct a client-specific pathway to making the vision a reality. Thus each client finds his or her own way to a solution based on his or her emerging definitions of goals, strategies, strengths, and resources. Even in cases where the client comes to use outside resources to create solutions, it is the client who takes the lead in defining the nature of those resources and how they would be useful.

3.3 INGREDIENTS OF SOLUTION FOCUSED THERAPY

3.3.1 General Ingredients of Solution Focused Therapy

Most psychotherapy, SFT included, consists of *conversations.* In SFBT there are three main general ingredients to these conversations.

First, there are the overall topics. SFT conversations are centred on client concerns; who and what are important to the clients; a vision of a preferred future; clients' exceptions, strengths, and resources related to that vision; scaling of clients' motivational level and confidence in finding solutions; and ongoing scaling of clients' progress toward reaching the preferred future.

Second, as indicated in the previous section, SF conversations involve a therapeutic process of co-constructing altered or new meanings in clients. This process is set in motion largely by therapists asking SF questions about the topics of conversation identified in the previous paragraph and connecting to and building from the resulting meanings expressed by clients.

Third, therapists use a number of specific responding and questioning techniques that invite clients to co-construct a vision of a preferred future and draw on their past successes, strengths, and resources to make that vision a reality.

3.3.2 Specific Active Ingredients

Some of the major active ingredients in SFT include developing a cooperative therapeutic alliance with the client; creating a solution versus problem focus; the setting of measurable changeable goals; focusing on the future through future-oriented questions and discussions; scaling the ongoing attainment of the goals to get the client's evaluation of the progress made; and focusing the conversation on exceptions to the client's problems, especially those exceptions related to what they want different, and encouraging them to do more of what they did to make the exceptions happen.

3.4 THE PRACTICE OF SOLUTION FOCUSED THERAPY

The goals of the therapy are the goals which clients bring with them, providing they are ethical and legal. The counselor's role is to help clients to begin to move or continue to move in the direction they want.

They do this by helping:

- to identify and utilise to the full the strengths and competencies which the client brings with him;
- to enable the client to recognise and build upon exceptions to the problem, that is, those times when the client is already doing (thinking, feeling) something which is reducing or eliminating the impact of the problem;
- to help the client to focus in clear and specific terms on what they would consider to be solutions to the problem.

The counsellor acknowledges and validates whatever concerns and feelings the client presents, and seeks to develop a rapport, a cooperative 'joining', in which the counsellor offers the client a warm, positive, accepting relationship and the client feels understood and respected.

In SFT, the counsellor shares expertise with the client by adopting a learning position, 'a one-down position', in which the client is encouraged to teach the counsellor about her way of looking at the world. The counsellor matches the language of the client, offers encouragement and genuine compliments and adapts her stance according to what the client finds helpful. The client is respected as being an expert in her own life, while the counsellor has expertise in creating a therapeutic environment.

It is not the usual practice to offer clients a fixed number of sessions. It is more common to consult with the client at the end of a session to hear what she feels about meeting again, and if a further session is necessary, when that should take place.

3.5 FOCAL ISSUE

Solution Focussed therapists (SFT) stress the importance of negotiating a focal or central issue for the work. The clearer and more defined the agenda, the greater the likelihood that the counseling will be efficient and effective.

SFT attends to the problem as presented by the client. The closer the counsellor can keep to the client's agenda, the more likely the client will be motivated to change. It is not always possible to achieve this at the beginning as clients are often confused, anxious, overwhelmed and unsure how counseling can help them.

The priority is to find a common language to describe what the client wants to change and to begin to explore how those changes would affect the client's life. The counsellor needs to find leverage – a solvable problem which the client both wants, and is able, to work upon.

Clients who present with broad, diffuse, and poorly understood problem patterns and who need considerable time to form a trusting alliance are more likely to need an extended period of exploratory work. It is a great advantage when clients can articulate their problem and their goals, but it does not mean that initial vagueness about the future disqualifies them from brief solution focused work. It simply means that the counsellor has to work harder and take longer.

3.6 THE MESSAGE

Near the end of each session, the solution focused counsellor will compliment the client on what he is doing, thinking or saying which is helpful. She may also give him a task to perform. At the end of the first session, clients are usually asked to 'notice between now and the next time we meet, those things you would like to see continue in your life and come back and tell me about them'.

3.7 TREATMENT PRINCIPLES

There are a number of principles which guide solution focused work. They apply both to how the client should approach the problem and to how the counsellor should conduct the counseling.

If it is not broken do not fix it.

SFT emphasises that people have problems, rather than that they are problems. It avoids a view of clients as being sick or damaged and instead looks for what is healthy and functioning in their lives.

Small change can lead to bigger changes.

Change is regarded as constant and unavoidable. Initiating a force for change can have repercussions beyond the original starting point. Experiencing change can restore the person's sense of choice and control in his or her life and encourage the making of further changes.

If it is working keep doing it.

The client is encouraged to keep doing what she has shown she can already do. This constructive behaviour may have started prior to the counseling. Clients may need to continue with a new pattern of behaviour for some time before they feel confident about maintaining it.

If it is not working stop doing it.

Clients in SFT are encouraged to do something different (almost anything) to break the failure cycle. This may run counter to family scripts such as, 'If at first you don't succeed, try, and try again.'

Keep counseling as simple as possible.

There is a danger that the beliefs of the counsellor, particularly if they demand a search for hidden explanations and unconscious factors, will complicate and prolong the relationship.

3.8 INTERVENTIONS

The following interventions are commonly found in solution focused practice. How and when they are used will depend upon the judgment of the therapist.

Pre-session change

When making an appointment, the client is asked to notice whether any changes take place between the time of making the appointment and the first session. Typically, the counsellor will enquire about these changes early on in the first session. By granting recognition to pre-session change, the counsellor can build upon what the client has already begun. The client may present the counsellor with clear clues about strategies, beliefs, values and skills which are transferable into solution construction. This 'flying start' helps to accelerate the process of change and increases the likelihood of the counseling being brief. Positive pre-session change is empowering for the client because the changes have taken place independently of the counsellor and, therefore, the credit belongs solely to the client.

Exception seeking

The counsellor engages the client in seeking exceptions to the problem, that is, those occasions when the problem is not present, or is being managed better. This includes searching for transferable solutions from other areas of the client's life, or past solutions adopted in similar situations.

Competence seeking

The counsellor identifies and affirms the resources, strengths and qualities of the client which can be utilised in solving the problem. Coping mechanisms which the client has previously used are acknowledged and reinforced.

The miracle question

This is a central intervention typically used in a first session, but which may also reappear in subsequent sessions. It aims to identify existing solutions and resources and to clarify the client's goals in realistic terms. It is a future-oriented question which seeks to help the client to describe, as clearly and specifically as possible, what her life will be like, once the problem is solved or is being managed better. The question as devised by Steve de Shazer follows a standard formula:

Imagine when you go to sleep one night, a miracle happens and the problems we've been talking about disappear. As you were asleep, you did not know that a miracle had happened. When you wake up what will be the first signs for you that a miracle has happened?

This imaginary format gives the client permission to rise above negative, limited thinking and to develop a unique picture of the solution. An open expression of what they believe they want can either motivate them further towards achieving their goals, or perhaps help them to realise that they really don't want these changes after all. It can also highlight conflicts between what they themselves want and what other people in their life want for them. The counsellor helps the client to develop answers to the miracle question by active listening, prompting, empathising and therapeutic questioning.

Scaling

The counsellor uses a scale of 0-10 with clients with 10 representing the morning after the miracle and 0 representing the worst the problem has been, or perhaps how the client felt before contacting the counseling service. The purpose of scaling is to help clients to set small identifiable goals, to measure progress and to establish priorities for action. Scaling questions can also assess client motivation and confidence. Scaling is a practical tool which a client can use between sessions. The use of numbers is purely arbitrary - only the client knows what they really mean.

Reframing

Using the technique of reframing, the counsellor helps the client to find other ways of looking at the problem, ones which are at least as valid as any other, but which, in the opinion of the counsellor, increase the chances of the client being able to overcome the problem.

3.9 COMPATIBILITY WITH ADJUNCTIVE THERAPIES

SFT can easily be used as an adjunct to other therapies. One of the original and primary tenets of SFT is that if something is working, do more of it. It is suggested that therapists should encourage their clients to continue with other therapies and approaches that are helpful.

For example, clients are encouraged to continue to take prescribed medication, stay in self help groups if it is helping them to achieve their goals, or begin or continue family therapy.

Finally, it is a misconception that SFT is philosophically opposed to traditional substance abuse treatments. Just the opposite is true. If a client is in traditional treatment or has been in the past and it has helped, he or she is encouraged to continue doing what is working. As such, SFT could be used in addition to or as a component of a comprehensive treatment program.

3.10 TARGET POPULATIONS

SFBT has been found clinically to be helpful in treatment programs in the U.S. for adolescent and adult outpatients (Pichot & Dolan, 2003), and as an adjunct to more intensive inpatient treatment in Europe. SFT is being used to treat the entire range of clinical disorders, and is also being used in educational and business settings.

Meta-analysis and systematic reviews of experimental and quasi-experimental studies indicate that SFT is a promising intervention for youth with externalising behaviour problems and those with school and academic problems, showing medium to large effect sises (Kim, in press; Kim & Franklin, 1997).

While SFBT may be useful as the primary treatment mode for many individuals in outpatient therapy, those with severe psychiatric, medical problems, or unstable living situations will most likely need additional medical, psychological, and social services. In those situations, SFT may be part of a more comprehensive treatment program.

Self Assessment Questions

Multiple Choice Questions:

1) Solution-focused brief therapy is based on:
   - clear diagnostic formulations
   - appreciating the client's resources
   - a detailed description of the client's problem
   - the scientific study of personality.
2) Solution-focused techniques involve:
   - the 'miracle' question
   - paradoxical injunctions
   - careful administration of medication
   - the patient's acceptance of the problem.
3) Solution-focused brief therapy has been effective in the treatment of:
   - drug and alcohol misuse
   - agoraphobia
   - adolescent behavioural problems
   - eating disorders
   - all the above.

4) Solution-focused authors include:
   - de Shazer
   - Rollnick
   - O'Hanlon
   - Both a & c

5) Scaling questions are used to explore:
   - the patient's achievements
   - the patient's description of the symptoms
   - medication requirements
   - Goals of therapy.
   - a & d

3.11 LET US SUM UP

Solution focused brief therapy (SFBT) is often referred to as simply 'solution focused therapy' or 'brief therapy'. It focuses on what clients want to achieve through therapy rather than on the problem(s) that made them to seek help. The approach does not focus on the past, but instead, focuses on the present and future. The therapist/counselor uses respectful curiosity to invite the client to envision their preferred future and then therapist and client start attending to any moves towards it whether these are small increments or large changes. To support this, questions are asked about the client's story, strengths and resources, and about exceptions to the problem.

Solution focused therapists believe that change is constant. By helping people identify the things that they wish to have changed in their life and also to attend to those things that are currently happening that they wish to continue to have happen, SFT therapists help their clients to construct a concrete vision of a *preferred future* for themselves. The SFT therapist then helps the client to identify times in their current life that are closer to this future, and examines what is different on these occasions. By bringing these small successes to their awareness, and helping them to repeat these successful things they do when the problem is not there or less severe, the therapists helps the client move towards the preferred future they have identified.

Solution focused work can be seen as a way of working that focuses exclusively or predominantly at two things. 1) Supporting people to explore their preferred futures. 2) Exploring when, where, with whom and how pieces of that preferred future are already happening. While this is often done using a social constructionist perspective the approach is practical and can be achieved with no specific theoretical framework beyond the intention to keep as close as possible to these two things.

3.12 UNIT END QUESTIONS

1) What do you think about the idea that it is preferable to spend more time exploring solutions than understanding problems?

2) Counselling should be as brief as possible so that people can get on with their lives. Discuss.

3) Write about the treatment principles and interventions in SFT?

4) Answer the miracle question in relation to a problem area in your own life and share your observations with a colleague.

3.13 SUGGESTED READINGS

Coren, Alex. (2001). *Short-Term Psychotherapy.* London: Palgrave.

Dewan, Mantosh J., Steenbarger, Brett N., Greenberg, Roger P. (2004). *The Art and Science of Brief Psychotherapies: A Practitioner's Guide.* London: American Psychiatric Publishing, Inc.

Palmer, Stephan. (2000). *Introduction to Counseling and Psychotherapy.* New Delhi: Sage Publications.

3.14 ANSWERS TO SELF ASSESSMENT QUESTIONS

1) b, 2) a, 3) e, 4) d, 5) e