

SOLUTION FOCUSED BRIEF THERAPY

An Approach for Embedded
Counselling



LEARNING OUTCOMES FOR THE DAY

- Understanding the role of the 'helper'
- History of SFT(SFBT)
- Solution-talk versus problem-talk
- Understanding change and motivation
- Interventions and techniques
- Resources and additional support

THE ROLE OF THE HELPER

- *'helping professions' has come to be used to describe those of us whose work involves helping people tackle some aspect of their lives that has become problematic. (e.g. Barsky 2000; Combs 1971).*



FORMALLY RECOGNIZED PROFESSIONS

- Social workers
- Clergy
- Counselling/psychotherapist
- Psychiatry

‘INFORMAL HELPERS’

Using the skills of counselling: The Embedded Counsellor.

- Advocacy worker
- Support worker
- Family workers
- Teaching
- Physiotherapist
- Human resources
- Medicine
- others



Solution-Focused Therapy

The role of the helper is to fulfil two major purposes

1. Establishing a relationship
2. Facilitating action (Brammer and MacDonald 1999)

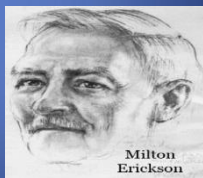
- Implicit to the role of the 'helper' is to identify the client's problem.
- SFBT provides a structured, short term approach which enables a client and helper to establish a collaborative relationship, plan actions and construct solutions to their problems.
- With easily learned and adaptable techniques that enhance the skill of any capable helping professional

Solution-Focused Brief Therapy

- First developed in early 1980s by a group of therapists in US, de Shazer and Kim Berg
- Brief Family Therapy Milwaukee
- Led to a number of versions, the one predominantly used today (Ratner, George and Iveson, 2012; Shennen, 2014)

HISTORY OF SFT (SFBT)

- Bill O'Hanlon ('Solution Oriented Therapy')
- Arising from Milton Erickson's work & Brief Strategic Therapy: MRI



BASIC PHILOSOPHY

- Change is constant and inevitable
- Clients are the experts & define goals
- Future orientation – history is not essential
- Emphasis is on what's possible & changeable - do something differently



Solution-Focused Brief Therapy

- Its starting point is to develop a forward facing orientation for the work based on what the client wants from it.
- Helping the client to describe in detail how they and their lives would be different in their 'Preferred future'

BASIC PHILOSOPHY

- Short-term
 - Only small amount of change needed
- Clients want change
- Current solutions ARE the problem
- Exceptions = Differences that make a difference.
 - Behaviours, perceptions, thoughts and feelings that contrast the complaint

SOLUTION FOCUSED THERAPY

- Problems are maintained by
 - Doing More of the Same
 - Expecting no change
- Solution Focused
 - If it ain't broke – don't fix it
 - Once you know what works, do it more
 - If it doesn't work, do something different



ACTIVITY 1

PROBLEM TALK VS SOLUTION TALK

- GROUPS OF 3-4
- WHAT ARE THE PROBLEMS YOU ARE ENCOUNTERING?
- WHAT WORKS?



SOLUTION FOCUSED THERAPY

- Acknowledge distress
- Focus on success
- Solution talk, not problem talk
- Techniques
 - Miracle Question
 - Scaling Questions
 - Client Goals

BASIC ASSUMPTIONS

- Clients have resources and strengths to resolve complaints
- Change is constant
- The therapist's job is to identify and amplify change
- It is usually unnecessary to know much about the complaint in order to resolve it.
- It's not necessary to know the cause or function of a complaint to resolve it.

BASIC ASSUMPTIONS

- A small change is all that is necessary.
 - A change in one part of the system can affect change in another.
- Clients define goals
- There is no one right way to view things.
 - Different views may be valid.
- Focus on what is possible and changeable, rather than what is impossible and intractable.

MILTON ERICKSON

- Client Centred
- Permission
 - Give clients permission for who they are
- Validation
 - Any response or behaviour is valid
- Observation
- Utilisation
 - Making use of what clients bring
- NLP, Human Givens, Strategic, Solution Focused/Oriented, Systemic Therapies

3 TYPES OF CLIENTS

- Visitors: no complaints, along for the ride; complimented and given no tasks
- Complainants: going along to placate and appease; complain, distant, observant, and expectant - given observational and thinking tasks
- Customers: Do Something – want to change; given behavioural tasks

CLIENT'S GOALS

- Important to the client
- Small, realistic & achievable
- Concrete, specific, behavioural
- Presence of something, rather than absence
- Expressed as beginnings rather than endings
- Requiring 'hard work'

INTERVIEWING IDEAS

- Past successes
- Pre-session changes
- Exceptions
- Miracle question
- Scaling questions
- Coping questions
- Reframing

TYPICAL FIRST SESSION

- Opening: Social introductions, structure session
- Collect Complaints - Problem
- Rank Complaints
 - (What's 1st, 2nd, 3rd)
- Discuss Exceptions

SESSION STRUCTURE

- Miracle question process
- Exceptions / pre-session changes
- Identify Goals
- Scales: situation now, willingness, confidence
- Anything else/ Break
- Message

SUBSEQUENT SESSIONS

- Less Time on Complaint(s)
- More Time on Exceptions & Solutions
 - Opening: What's different this week from last
 - Exceptions: elicit, recognise, discuss, amplify
 - Scaling: Accentuate any improvements
- Therapeutic Break – time for reflection & consider task for next week
- Compliments & Summary
- Tasks & Homework

QUESTIONING

- Be respectfully curious
- Ask questions as part of conversation
- Not asked as a list of questions
- Questions are the main intervention
- Not to gather information
- Constructive questions generate new experience about possible solutions, client strengths and capabilities

QUESTIONING

- Problem focused:
 - How long have you been depressed?
- Solution focused:
 - What would your life be like if you weren't depressed?



TYPES OF QUESTIONS

- Goal setting questions
- Miracle questions
- Exception questions
- Coping questions
- Scaling questions

IDENTIFYING GOALS

- What are your goals?
- How will you continue to accomplish goals?
- How will you know when you got what you wanted from therapy?
- What will be different?
- Who will notice?
- What will they notice?



ADLER'S FUNDAMENTAL QUESTION

- Dr. Jonathan E Adler:

"What would be different if all your problems were solved?"

Erickson's Crystal Ball

- Erickson asked his client to look into the future and see themselves as they wanted to be, problems solved, and then to explain what had happened to cause this change to come about.
- He also used a technique whereby he asked them to think of a date in the future, then worked backwards, asking them what had happened at various points on the way.

O'HANLON'S VIDEOTAPE QUESTION

- Let's say that a few weeks or months of time had elapsed, and your problem had been resolved. If you and I were to watch a videotape of your life in the future, what would you be doing on the tape that would show that things were better? (1987)

ACTIVITY 2

De Shazer's Miracle

Suppose that one night, while you are asleep, there is a miracle and the problem that brought you here is solved. However, because you are asleep you don't know that the miracle has already happened. When you wake up in the morning, what will be different that will tell you that the miracle has taken place? What else?

(1988)

FIVE USEFUL QUESTIONS

- The Miracle (Magic Wand) Question
- Has anything been better since the last appointment? What's changed? What's better?
- Can you think of a time in the past (month / year / ever) that you did not have this problem?
 - What would have to happen for that to occur more often?
- Scaling Questions 1 – 10
- With all of that going on, how do you manage to cope?

ASSESSMENT QUESTIONS

- **Identify Problems and Exceptions:**

- When doesn't the problem happen?
- What's different about those times?
- What are you doing or thinking differently during the "good" times?
- What do you want to change about the problem?

COPING QUESTIONS – Current problem

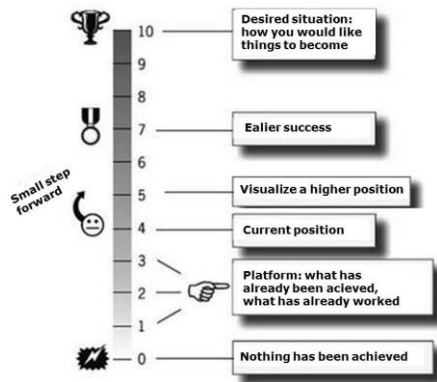
- How do you cope with these difficulties?
- What keeps you going?
- How do you manage day-to-day?
- Who is your greatest support? What do they do that is helpful?
- This problem feels so difficult at the moment, yet you still managed to get here today. What got you here?
- Sometimes problems tend to get worse, what do you do that stops it getting worse?

COPING QUESTIONS – Past problem

- How did you get through that period?
- Who was your greatest support?
- How did they help?
- How did you manage to solve that problem in the past?
- Other people might have had more difficulty, but you managed to survive and get here today. How did you manage to achieve that?

SCALING

- Scale of 1 – 10
 - 1 is the worst it's ever been
 - 10 is after the miracle has happened
- Where are you now?
- Where do you need to be?
- What will help you move up one point?
- How can you keep yourself at that point?



SCALING QUESTIONS – FOLLOW UP

- What makes you think you got that far?
- What things have you done already that got you to this point?
- What do you think will move you one step further on?
- What would be the first sign that you had moved one point further on?
- Who would be the first person to notice that you had moved one point on? What would they notice about you?

EXCEPTION QUESTIONS

- Tell me about the times when (the complaint) does not occur, or occurs less than at other times.
- When does your partner listen to you?
- Tell me about the days when you wake up more full of life.
- When are the times you manage to get everything done at work?

EXCEPTION QUESTIONS continued

- Variations
 - When are the times when you have come closest to....?
 - When did you last wake up feeling quite good?
 - When have you been able to stop yourself doing....?
 - Are there times when you expect to....but you remember something that calms you down?

Exception Questions continued

- Amplifying the exception
 - How do you explain to yourself why these times are different?
 - How do you achieve that?
 - What do you do differently then?
 - Who else is involved that notices the difference? What do they say or do? What else?
 - What would you have to do or see for this to happen more often? What else?

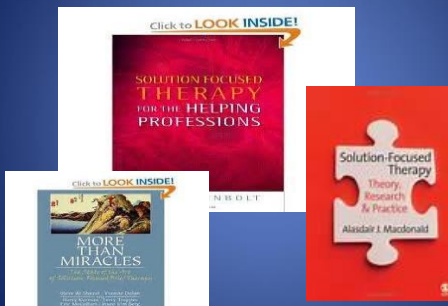
What else...

•.....?

DE SHAZER'S SKELETON KEYS

- Between now and next time...observe what works
- Do something different
- Pay attention to when...exception
- Normalise "a lot of people in your situation..."
- Write, read, and burn thoughts
- ALL INTERVENTIONS GIVE HOPE

RESOURCES



Solution Focus Brief Therapy Association

- http://www.sfbta.org/about_sfbt.html

Winbolt, B. 2011. *Solution Focused Therapy for the Helping Professions*. London: Jessica Kingsley Publishers
