UNIT 3 SOLUTION FOCUSED THERAPY

Structure

3.0 INTRODUCTION

Within psychotherapy there is an evolution from lengthy to short forms of treatment and from cure to prevention. There is a process of patients becoming clients and of using facilitators rather than traditional practitioners. The focus shifts from mental illness to mental health. Seligman, the founding father of *positive psychology*, introduced the term *learned optimism* (Seligman, 2002). Positive psychology emphasises the client's strengths and the supposition that happiness is not the result of having the right genes or mere chance, but is to be found through identifying and using the strong points that the client already possesses, such as friendliness, originality, humor, optimism and generosity. Clients become increasingly emancipated. The therapist adopts an enabling role, coaching the client in exploring his own way of solving the problems experienced, thereby using his own competence to the greatest extent possible. Solution-Focused Therapy (SFT) supports this evolution and represents a dramatic shift

in focus from previous approaches that seek to identify and explain problems and their origins. In this unit we will be dealing with the definition of solution focussed therapy, its theoretical foundation, assumptions of solution focused therapy, the therapeutic process, etc. We will then take up assessment in SFT, the goals of SFT, and the typical therapeutic relationship. Then we deal with levels of therapeutic relationship, and then take up therapeutic techniques within which we will discuss the SFT techniques.

3.1 OBJECTIVES

After reading this unit, you will be able to:

- Define solution focused therapy;
- Explain the theoretical foundation;
- Analyse the difference between problem focused psychotherapy and solution focused therapy;
- Elucidate the assumptions of solution focused therapy;
- Discuss the therapeutic process;
- Explain the therapeutic techniques of SFT; and
- Analyse the indication and contraindication of solution focused therapy.

3.2 DEFINITION OF SOLUTION FOCUSED THERAPY

It is a competency-based model, which minimizes emphasis on past failings and problems, and instead focuses on clients' strengths, abilities, and resources thereby creating a counselling atmosphere that is flavoured with hope and optimism. It focuses on working from the client's understandings of their concern or situation and what the client might want different and places responsibility for change in the hands of clients by using empowering language and recognising them as skilled in matters of self-care. In this way it is deeply respectful of clients as individuals and takes a more balanced approach to finding solutions.

Use of basic counselling skills, such as attending and listening, genuineness, empathy, positive regard, and reflection, provide the foundation upon which SFT is practised Solution-focused therapy emerged in the United States in the late 1970s and early 1980s under the umbrella of brief therapy. It was pioneered by Steve de Shazer (1940-2005), and Insoo Kim Berg (1934-2007) and their colleagues in Milwaukee, Wisconsin.

The entire solution-focused approach was developed inductively in an inner city outpatient mental health service setting in which clients were accepted without previous screening. The developers of SFT spent hundreds of hours observing therapy sessions over the course of several years, carefully noting the therapists' questions, behaviours, and emotions that occurred during the session and how the various activities of the therapists affected the clients and the therapeutic outcome of the sessions. Questions and activities related to clients' report of progress were preserved and incorporated into the SFT approach.

3.3 THEORETICAL FOUNDATION

The theoretical underpinning of SFT comes from social constructionism and Wittgenstein's philosophy of language.

Social constructionism maintains that the individual's idea about what is real—including the idea of the nature of his or her problems, competences and possible solutions—is being construed through social interaction and use of language.

SFT asserts that problems occur in interactions between individuals and do not rest within any one individual. People define and create their sense of what is real through interaction and conversation with others, a form of negotiation carried out within the context of language. SFT helps clients do something different by changing their interactive behaviours or the interpretations of behaviours. This approach makes no assumptions about the "true" nature of problems. SFT has a strong orientation toward the present and future and further believes that everyone's future is negotiated and created.

Language is a resource that is vital to all therapists' practices and relationships with their clients. The importance of language in SFT is crucial. Gail Miller and Steve de Shazer in 1998 wrote about how meanings of words are inseparable from the ways in which people use them within concrete social contexts. Problem-focused language emphasises what is wrong with people's lives, and frequently portrays the sources of the problems as powerful forces that are largely beyond one's control or understanding. In contrast, solution-focused language focuses on finding ways of managing one's problems. Solution-focused therapists ask, "Since we talk ourselves into problems and solutions anyway, why not emphasise solutions." This is not to deny the deprivations and injustices in clients' lives, but to help get through and beyond them. This model uses postmodern assumptions that problems and solutions are talked into being, and meaning is changeable based on the use of language.

3.4 DIFFERENCE BETWEEN PROBLEM FOCUSED PSYCHOTHRAPY AND SOLUTION FOCUSED THERAPY

The model of SFT is a clear departure from any problem focused approach of psychotherapy which either requires "working through" or intensive focus on a problem to resolve it, or which primarily focuses on the past rather than the present or future. These therapies emphasises on exploring problematic feelings, cognitions, behaviours, and/or interaction, providing interpretations, confrontation, and client education.

In contrast, SFT minimizes emphasis on past failings and problems, and instead focuses on clients' strengths and previous successes. It helps clients to develop a desired vision of the future wherein the problem is solved, and client's exceptions, strengths, and resources are explored and enhanced to co-construct a client-specific pathway to making the vision of future 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.

The time frames of problem focused therapies may range from weeks or months to even years encompassing as many as fifty or more sessions. On the other hand in SFT an average of six conversations seems to be sufficient.

3.5 ASSUMPTIONS OF SOLUTION FOCUSED THERAPY

The following core assumptions are at the root of SFT and provide key ideas that drive the practice and techniques of this counseling model.

1) The therapeutic focus should be on the client's desired future rather than on past problems or current conflicts.
2) Patients are experts on their lives. Therapist's job is to support and amplify this expertise.
3) Change is constant, inevitable, and contagious. Solution-building conversations identify, elaborate, and reinforce change behaviour.
4) Even small increments of change lead to large increments of change.
5) Presuppositional language emphasises the presumption that change *will* occur, creating an atmosphere of "when," not "if."
6) Clients have strengths, resources, and coping skills that drive change while generating optimism and hope.
7) Extensive information about a problem is rarely necessary to bring about change.
8) Clients' solutions are not necessarily *directly* related to any identified problem by either the client or the therapist.
9) Exceptions (that is, times when the problem could have happened but didn't) to the identified problem are often undervalue and since exceptions are part of solution behaviour, solution-building conversations explore them in considerable detail.

3.6 THERAPEUTIC PROCESS

3.6.1 Assessment

Therapists using this approach of therapy avoid any assessment of how problems develop; neither the patterns of behaviour that might be perpetuating those problems are evaluated. Instead therapists are concerned with identifying those patterns of behaviour that existed when the problem wasn't operative. Since solution focused therapists are interested in listening to clients' constructions of their problems first hand and without any preconceptions, a detailed history intake is not considered important.

3.6.2 Goal Setting

In solution focused therapy the setting of specific, concrete, and realistic goals is very important. Goals are formulated and amplified through Solution Focused

conversation about what clients want different in the future. As a result in SFT clients set the goals. Goals need to be small so that several small goals can be met quickly. Once a beginning formulation is in place, therapy focuses on exceptions related to goals, regularly scaling how close clients are to their goals or a solution, and co-constructing useful next steps to reaching their preferred futures.

3.6.3 Therapeutic Relationship

In solution focused therapy both the therapist and the client work in a close and collaborative partnership, in which the therapist conveys respect to a competent, resourceful problem solver. The clients do more of the talking, and what they talk about is considered the cornerstone of the resolution of their complaints. The therapist uses more indirect methods such as the use of extensive questioning about previous solutions and exceptions to help the client reach to a solution.

The client is considered the expert, and the therapist takes a stance of "not knowing" and of "leading from one step behind" through solution-focused questioning and responding. It requires a more positive and egalitarian stance from the therapist than the conventional "expert" position.

3.6.4 Levels of Therapeutic Relationship

Solution Focused Therapy conceptualises the process of change by categorising types of client counsellor relationships. Identifying the type of client-counsellor relationship has two main benefits.

First, it reminds the counsellor that treatment outcome depends on teamwork with the client. Second, it helps determine which therapeutic intervention is most likely to result in increased client participation in changing.

Solution Focused Therapy proposes three different types of client: the visitor, the complainant and the customer.

1) **Visitors** are the clients who has been sent or referred by others. These types of clients do not come forward in search of help and is not suffering emotionally. The therapists usually asks what the client thinks the person referring would like to see changed in his behaviour and to what extent he is prepared to cooperate.

2) **Complainants:** These kinds of clients do have a problem and suffers emotionally, but does not (yet) see oneself as part of the problem and/or the solution. They believe that other person or the world needs to change, rather than oneself. The therapist acknowledges the client's suffering and gives suggestions for observing the moments when the problem is not present or exists to a lesser extent, or the moments when part of the miracle is already taking place. These clients are not (yet) ready to carry out a behaviour assignment, in which he or she should do something differently, but may undertake an observation assignment, which does not yet involve a change in behaviour. This can be interpreted as a paradoxical intervention

3) **Customers:** These are ideal clients who see themselves as part of the problem and/or solution and are motivated to change their behaviour. This client may be given a corresponding behaviour assignment ('continue with what works,' 'do something different,' 'act as if the miracle has happened') etc.

3.7 THERAPEUTIC TECHNIQUES

Solution Focused Therapy utilises the same process regardless of the concern that the individual client brings to therapy. It directs the conversation towards developing and achieving the client's vision of solutions using various questions as questions are the basic tools of solution-focused therapy. The signature questions used in solution-focused interviews are intended to set up a therapeutic process wherein practitioners listen for and absorb clients' words and meanings (regarding what is important to clients, what they want, and related successes), then formulate and ask the next question by connecting to clients' key words and phrases. Therapists continue to listen and absorb as clients again answer from their frames of reference, and once again the therapist formulate and ask the next question by similarly connecting to the client's responses.

It is through this continuing process of listening, absorbing, connecting, and client responding that practitioners and clients together co-construct new and altered meanings that build toward solutions.

3.7.1 Problem-Free Talk

Though most of the solution focused sessions comprises of problem free talk, the therapist usually at the beginning of a session engages the client in a discussion, completely unrelated to the problem. Solution focused therapists talk about seemingly irrelevant life experiences of the client such as leisure activities, meeting with friends, relaxing and managing conflict. The therapist also gathers information on the client's values and beliefs and their strengths.

Problem free talk conveys the message that there is more to a person than the problems and also reveals potentially transferable strategies, beliefs, values and skills. For example; if a client wants to be more assertive it may be that under certain life situations he/she may be assertive. This strength from one part of their life can then be transferred to the area with the current problem.

Dan Jones, in his *Becoming a Brief Therapist* book writes:

'...it is in the problem free areas you find most of the resources to help the client. It also relaxes them and helps build rapport, and it can give you ideas to use for treatment...Everybody has natural resources that can be utilised. These might be events...or talk about friends or family...The idea behind accessing resources is that it gives you something to work with that you can use to help the client to achieve their goal...Even negative beliefs and opinions can be utilised as resources'

3.7.2 Pre-Session Change

There is a core solution-focused belief that clients are engaged in constructive action when they seek help. Some of these actions are helpful and others prevent the situation from getting worse.

Therefore at the beginning or early in the first therapy session, solution focused therapist typically asks, "What changes have you noticed that have happened or started to happen since you called to make the appointment for this session?" This question might have three possible answers.

First, the client may say that nothing has happened. In this case, the therapist may simply begin the session by asking something like: "How can I be helpful to you today," or "What would need to happen today to make this a really useful session?" or "What needs to be different in your life after this session for you to be able to say that it was a good idea you came in and talked with me?"

The *second* possible response may be that things have started to change or get better. In this case, the therapist asks many questions about the changes that have started, requesting a lot of detail. This starts the process of "solution-talk," emphasising the client's strengths and resiliencies from the beginning, and allows the therapist to ask, "So, if these changes were to continue in this direction, would this be what you would like?" thus offering the beginning of a concrete and positive goal.

The *third* possible answer may be that things are about the same. The therapist might be able to ask something like, "Is this unusual, that things have not gotten worse?" or "How have you managed to keep things from getting worse?" These questions may lead to information about previous solutions and exceptions, and may lead the client into a solution-talk mode.

Overall by acknowledging pre-session change, the therapist underlines that the client and not the therapist, is the agent for change.

3.7.3 Exception Questions

The clients usually give an account of how "the problem" is affecting their life. However proponents of SFBT believe that there are *always* times when the identified problem is less severe or absent for the client. While listening and acknowledging the difficulties the solution-focused therapist encourages the client to describe what different circumstances existed when the problem was not present or was being managed better. This includes searching for transferable solutions from other parts of the client's life or past. There are always exceptions waiting to be found. If the clients experienced difficulties 40 percent of the time it means remaining 60 per cent was problem free. What happened during those times? What they did that was helpful? How did they do it? Could they do it again?

Self Assessment Questions

1) Are there times now that a little piece of the miracle happens?

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2) Tell me about these times. How do you get that to happen?

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3) What will you do to make that happen again?

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4) What will your husband (for example) say you need to do to increase the likelihood of that (exception) happening more often?

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5) What is different about the times when the problem does not happen, or when it is less severe or less frequent?

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3.7.4 Present- and Future-Focused Questions Vs. Past-Oriented Focus

The questions that are asked by SF therapists are almost always focused on the present or on the future, and the focus is almost exclusively on what the client wants to have happen in their life. This reflects the basic belief that problems are best solved by focusing on what is already working and how clients would like their lives to be, rather than focusing on the past and the origin of problems.

3.7.5 Compliments

Compliments are another essential part of solution focused brief therapy. They are Integral to solution-building conversations, and have multiple effects: it validates any progress that clients make; it encourages clients by reminding them of personal power over their well-being; it emphasises strengths and abilities; it sets up the expectation that past success is an excellent indicator of future possibilities; it fosters confidence; and it facilitates relationship building and maintains rapport.

In solution focused therapy, compliments are often conveyed in the form of appreciatively toned questions of "How did you do that?" that invite the client to self-compliment by virtue of answering the question.

Compliments

1) How did you manage to do that?
2) How did you know it was a good idea to try that?
3) How did you know it was a good time to do that?
4) How did you start?
5) How did you keep that going?

3.7.6 Miracle Questions

The miracle question is a central intervention in solution focused therapy. After meeting with thorpatients and getting a brief description of presenting problems, posing the miracle question signals the onset of solution talk. It is a way to ask for a client's goal in a manner that communicates respect for the immensity of the problem, and at the same time leads the client's to come up with smaller and more manageable goals. It is also a way for many clients to do a "virtual rehearsal" of their preferred future. The precise language of the intervention may vary, but the basic wording is,

"I am going to ask you a question that is different from those you might have heard before. It is going to require that you do some pretending. Suppose that tonight, after our meeting, you go home, go to bed, and fall asleep. While you are sleeping, a miracle happens, and the miracle is that the problem that brought you here is solved. But, because you are asleep, you do not know that the miracle has happened.

When you wake up tomorrow morning, what will be the first thing you notice that will tell you the miracle has happened?"

Clients have a number of reactions to the question. They may seem puzzled. They may say they don't understand the question or that they "don't know." They may smile. Usually, however, given enough time to ponder it and with persistence on the part of the therapist, they start to come up with some things that would be different when their problem is solved

This and all other related questions encourage patients to construct a vision of the future that could usually be taken as the goal of the therapy.

With a detailed description of how they would like their lives to be, clients often can turn more easily to building enhanced meanings about exceptions and past solution behaviours that could be useful in realising their preferred futures.

3.7.7 Miracle QuestionS: Variations on a Theme

Imagine that, while you are sleeping tonight, a miracle happens. You wake up tomorrow, and you sense that you are on track toward making a decision. What will you be doing differently that will tell you that you are on track?

Imagine six months into the future, after you have successfully solved the problem that brings you here today. What will be different in your life that will tell you the problem is solved?

Pretend the problem is solved. What are you doing differently?

If I have a video camera and follow you around when you have solved this problem, what will I see that will tell me this?

What will be the first sign that a piece of the miracle is happening?

- Who will be the first to notice this is happening?
- What will others notice about you that will tell them this is happening?

3.7.8 Scaling Questions

Whether the client gives specific goals directly or via the miracle question, an important next intervention in SFBT is the use of scaling questions. Scaling questions are useful for making vague clients perceptions concrete and definable. They measure problem severity, progress toward a goal, confidence, and commitment to a goal.

Normally the therapist uses a scale of 0 to 10, where 0 means the" worst the problem has ever been" or perhaps how the client felt before contacting the therapist and 10 representing "the best things could ever possibly be". Asking a patient to "scale" items transforms a description of something important into an accessible and measurable entity. This then becomes a starting point from which future progress is assessed. If a patient scales a problem at 1 or 2, therapist might ask, "How will you know when you reach 2.5?" This question requires the patient to identify the next step and to begin solving the problem. If confidence is scaled at 1, asking, "How did you manage to come in today?" encourages a patient to recognise that action is possible even with low confidence. If confidence is scaled at 3, a question like, "What do you need to do in order for your confidence to move to 3.5?" will encourage thinking in concrete terms of strategies needed to sustain and increase confidence. When clients have trouble thinking in terms of forward movement, a question like, "What do you need to do to maintain the progress at 3?" frees up both patients and therapist to recognise that sometimes, treading water is an accomplishment in and of itself.

Examples of Scaling Questions

1) On a scale of 1 to 10, where 10 is the problem solved and 1 is the worst it has ever been, where is the problem today?

2) On a scale of 1 to 10, with 10 meaning you have every confidence this problem can be solved and 1 meaning no confidence at all, where are you today?

3) If 10 means you are prepared to do anything to find a solution and 0 means that you are prepared to do nothing, how would you rate yourself today?

4) What will you need to do to go from a (for example) 3 to a 3.5?

3.7.9 Coping Questions

Coping Questions helps to elicit information about client resources that they use in times of overwhelming difficulties but remains unaware of it. Even in the midst of despair, many clients do manage to do many things that require major effort. Therapists try to find out the examples of coping: *"I can see that things have been really difficult for you, yet I am struck by the fact that, even so, you*

manage to get up each morning and do everything necessary to get the kids off to school. How do you do that?"

Genuine curiosity and admiration on the part of therapist helps to highlight strengths without appearing to contradict the client's view of reality. The initial summary *"I can see that things have been really difficult for you"* validates the clients feeling for their problems. The second part *"you manage to get up each morning etc."* also remains a fact, but it counters the problem focused narrative and open up a different way of looking at client's resiliency and determination.Coping questions start to gently and supportively challenge the problem-focused narrative and provide a foundation upon which to build solutions.

Examples of Coping Questions

1) How did you manage to get yourself up this morning?
2) How are you preventing things from getting worse?
3) That sounds nearly overwhelming. How do you manage to cope?
4) I understand how hard this is for you. How did you manage to get to the office today?

3.7.10 Take a Break and Reconvening

In SFT, therapists are encouraged to take a break near the end of a session. Taking a break allows both clients and therapist to reflect on conversations they had concluded in the session. The therapist uses this opportunity to compose the message-a form of feedback to the clients. In some setting therapist actually leaves the room for a few minutes to do this but if it is not feasible a short pause is required for the therapist to consult his or her notes and compose the short message for the client. The feedback consists of the following:

- compliments of how the client participated in the session and the therapist's feelings about it;
- a short summary of what the client is already doing that is helpful;
- a bridging statement linking the client's actions with the stated goal or goals;

Homework Assignments: In SFT therapists frequently end the session by suggesting a possible homework task for the client to try between sessions if they so choose. Usually the following generic assignments are given as part of homework:

- think about the times when an exception occurs and note differences; observe for positive changes;
- do more of the exceptions and pay attention to the consequences;
- pretend to do a small piece of the miracle picture;
- pretend you know what to do to start solving the problem and try it out; and
- finally, think about what you are doing to prevent the situation from worsening.

So, what is better, even a little bit, since last time we meet? At the start of each session after the first session, the therapist usually asks about progress, about what has been better during the interval. Clients who report that there have been some noticeable improvements, the therapist help the client to describe these changes in as much detail as possible.

On the other hand clients who report that things have remained the same or have become worse, therapists explore how the clients have maintained things without things getting worse; or, if worse, what did the client do to prevent things from getting much worse. Whatever the client has done to prevent things from worsening then becomes the focus and a source for compliments and perhaps for an experiment since whatever the client did, should continue doing.

3.8 INDICATION AND CONTRAINDICATION OF SOLUTION FOCUSED THERAPY

Solution-Focused Brief Therapy is an effective way of helping people with diverse problems varying from alcohol abuse, posttraumatic stress disorder, personality disorders depression, eating disorders, relationship problems. It is applied to children and adolescents, to groups, in education in management & coaching. It is suitable for a wide variety of clients, whereby it is of importance that the client has a goal (or is able to formulate one during psychotherapy).

Contraindications are minimal, and can generally be described as any situation where it is impossible to establish a dialogue with the client: emergencies, life-threatening situations, threats of suicide, or psychotic episodes (medication might be indicated in the case of acute psychosis or deep depression). At a later stage medication often helps a client undertake solution-focused conversations.

3.9 LET US SUM UP

Solution-focused therapy is a brief counselling model that was developed by Steve de Shazer and Insoo Kim Berg and their colleagues beginning in the late 1970's in Milwaukee, Wisconsin.

It originated from social constructionism and Wittgenstein's philosophy of language. Social constructionism maintains that people develop their sense of what is real through conversation with and observation of others. Social constructionism holds that reality, as each individual perceives it, is by definition subjective and created through the process of social interaction and the use of language. SFBT asserts that problems occur in interactions between individuals and do not rest within any one individual. People define and create their sense of what is real through interaction and conversation with others, a form of negotiation carried out within the context of language.

SFT is most dissimilar in terms of underlying philosophy and assumptions with any approach which requires "working through" or intensive focus on a problem to resolve it, or any approach which is primarily focused on the past rather than the present or future.

Solution Focused Therapy identifies three different types of therapist -client relationship which determines the outcome of the therapy: the visitor, the complainant and the customer.

Solution focused therapists believe that change is constant. By helping clients identify the things that they wish to have changed in their life and by attending to those things that are currently happening and they wish that it continues, SFBT therapists help their clients to construct a concrete vision of a *preferred future* for themselves. The SFBT therapist then helps the client to identify times in their current life that are closer to the preferred 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.

Therapists uses the following techniques and questions as a means of helping clients to achieve their goals :problem-free talk, pre –session change, exceptions, compliments, miracle questions, scaling, coping questions, homework assignments etc.

3.10 UNIT END QUESTIONS

1) What are the assumptions of Solution Focused Therapy?
2) Elaborate the theoretical background of Solution Focused Therapy.
3) Differentiate between problems focused psychotherapy and SFT.
4) Explain briefly the relevance of problem free talk, pre-session change exceptions and compliments in identifying the client's strengths and resources necessary for therapeutic change.
5) What are the major questioning techniques used by solution focused therapists to achieve the goals co-constructed with clients?
6) Briefly discuss the indications and contraindications of SFT.

3.11 SUGGESTED READINGS AND REFERENCES

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