Solution Focused Therapy

Introduction

Solution Focused Therapy (SFT) focuses on solutions rather than the problems themselves. As such it highlights people's strengths and competences instead of their perceived deficits, weaknesses and limitations. It falls under the umbrella of brief therapy which includes choice therapy and reality therapy.

Steven de Shazer and Insoo Kim Berg were the founders of solution focused therapy in the 1980's both were based in USA.

The framework of Solution Focus Therapy

There are several assumptions that provide the framework of solution focused therapy;

All people have strengths and inner resources to solve life's challenges.

"Change is one of life's constants". Not only is change possible it is always happening.

- The counsellor's role in the therapy session is to help each client identify the change that is occurring and to help them increase that level of change.
- We do not need to know what caused a problem to be able to solve it.
- Change begins with small steps
- The client is the expert in their life.
- The person is not the problem, the problem is the problem
- If it's not working, do something different

How does it work?

A solution focused therapist looks at working with possibility and the clients future, without stressing on the events from the past and the problems.

The future is very important in solution focused therapy and the client is considered to the best person (expert) to deal with their problems.

The role of the solution focused therapy specialist is to help the individual discover the tools he already has that can be used in solving problems.

Causes are not considered important, solutions are the main focus. The therapist will try to find out the desires of the individual and the means to make them reality. By breaking down problems into elements, they will seem less complicated and a solution will be seen as possible.

Exploring the past, talking about all sorts of feelings and experiences requires a lot of time. This is exactly what solution focused therapy does not do. This is the reason why this type of therapy is considered to be short termed.

By being efficient, the solution focused therapy offers people a real, palpable solution to their problems. Many specialists say that they usually have six sessions with a client and sometimes, slightly more.

Retrieved from http://www.articleclick.com/Article/Solution-Focused-Therapy on 24 August 2010

A key task in SFT is to help clients identify and attend to their skills, abilities, and external resources (e.g. social networks). This process not only helps to construct a narrative of the client as a competent individual, but also aims to help the client identify new ways of bringing these resources to bear upon the problem.

Resources can be identified by the client and the worker will achieve this by empowering the client to identify their own resources through use of scaling questions, problem-free talk, or during exception-seeking.

Solution Focus Therapy process?

As the practice of solution-focused brief therapy has developed, the ‘problem’ has come to play a lesser and lesser part in the interviewing process (George *et al*, 1999), to the extent that it might not even be known. Instead, all attention is given to developing a picture of the ‘solution’ and discovering the resources to achieve it. A typical first session involves four areas of exploration (Box 1_).

Box 1 Four key tasks for a typical first session

Task of therapist	Examples of opening questions
Find out what the person is hoping to achieve from the meeting or the work together	What are your best hopes of our work together? How will you know if this is useful?
Find out what the small, mundane and everyday details of the person's life would be like if these hopes were realised	If tonight while you were asleep a miracle happened and it resolved all the problems that bring you here what would you be noticing different tomorrow?
Find out what the person is already doing or has done in the past that might contribute to these hopes being realised	Tell me about the times the problem does not happen When are the times that bits of the miracle already occur?
Find out what might be different if the person made one very small step towards realising these hopes	What would your partner/doctor/colleague notice if you moved another 5% towards the life you would like to be leading?

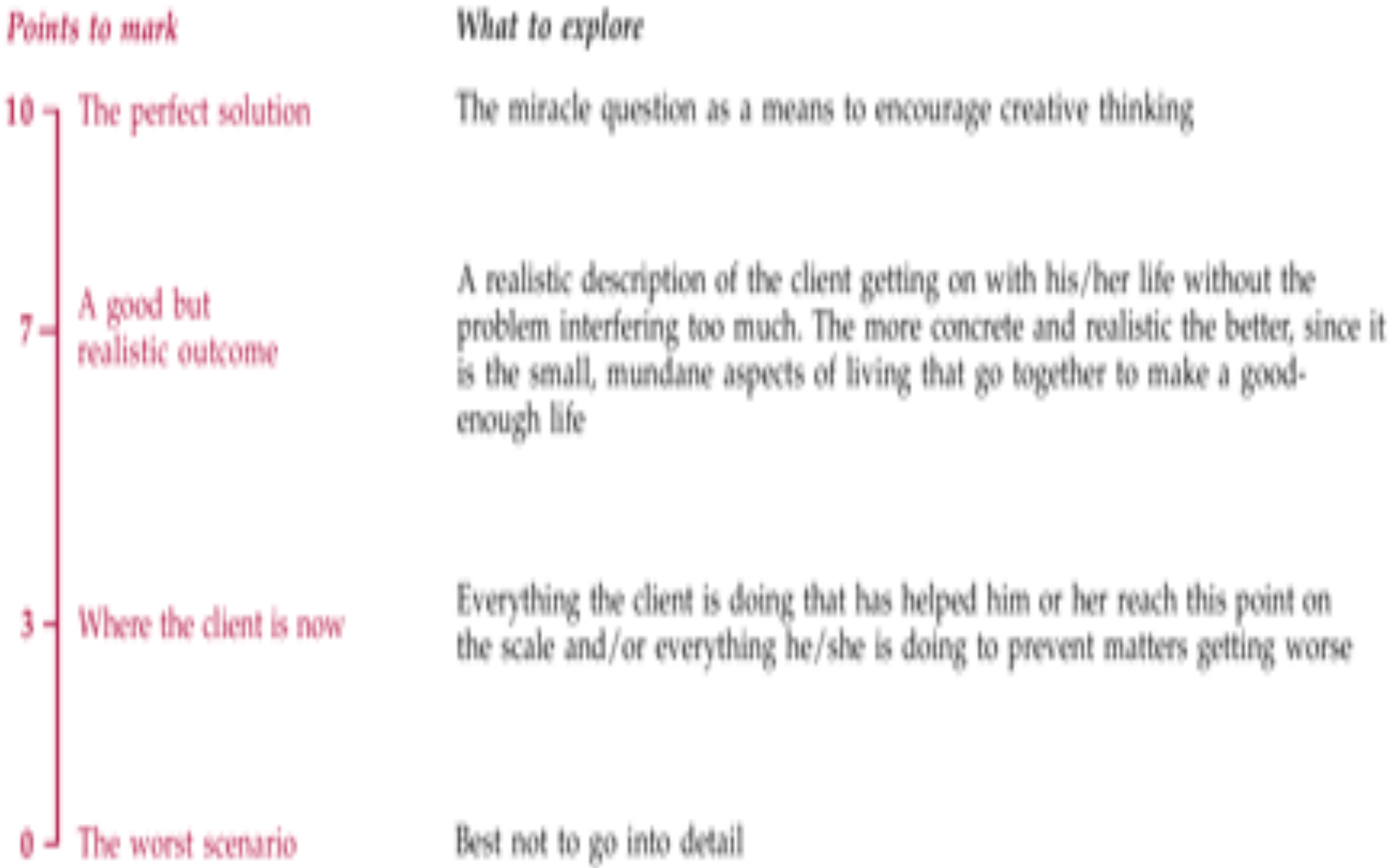
The earlier emphasis on exploring exceptions to the problem has been replaced by an interest in what the client is already doing that might help achieve the solution. This has led to a new assumption that all clients are motivated.

Initially, the issue of motivation was dealt with by a classification system (customer, complainant and visitor) similar to that used in motivational interviewing (Miller & Rollnick, 1991), depending on the client's attitude to the problem. The emphasis on the preferred future has made the client's view of the problem redundant to the therapy. All that clients need is to want something different – even if at the starting point they do not think that something different is possible.

Scales

One of the most useful frameworks for a solution-focused interview is the 0 to 10 scale, where 10 equals the achievement of all goals and zero is the worst possible scenario. The client is asked to identify his or her current position and the point of sufficient satisfaction. Within this framework it is possible to define ultimate objectives, what the client is already doing to achieve them and what the next step might be (Fig. 1_).

Fig. 1 The scale framework



Where several scales are used, areas of overlap soon become apparent, which helps the client realise that movement in one area can lead to improvements in others.

Coping and compliments

Looking for the client's strengths and resources and commenting on them is an important part of a solution-focused therapy session.

Sometimes clients' lives are so difficult that they cannot imagine things being different and cannot see anything of value in their present circumstances.

One way forward is to be curious about how they cope – how they manage to hang on despite adversity.

Subsequent sessions

On average, solution-focused brief therapy takes about five sessions, each of which need be no more than 45 minutes long. It rarely extends beyond eight sessions and often only one session is sufficient. If there is no improvement at all after three sessions, it is unlikely to work (although the three sessions are likely to provide most of the information required for a more traditional assessment).

If possible, the time between sessions is lengthened as progress occurs, so a four-session therapy might extend across several months.

As it is the therapist's task to help the patient achieve a more satisfying life, follow-up sessions will usually begin by asking, ‘What is better?’

If there have been improvements, even for only a short time, they will be thoroughly explored:

- what was different,
- who noticed
- how it happened,
- what strengths and resources the patient drew on in order to effect the change
- what would be the next small sign of the change continuing.
- Scaling questions provide the simplest framework for these explorations.

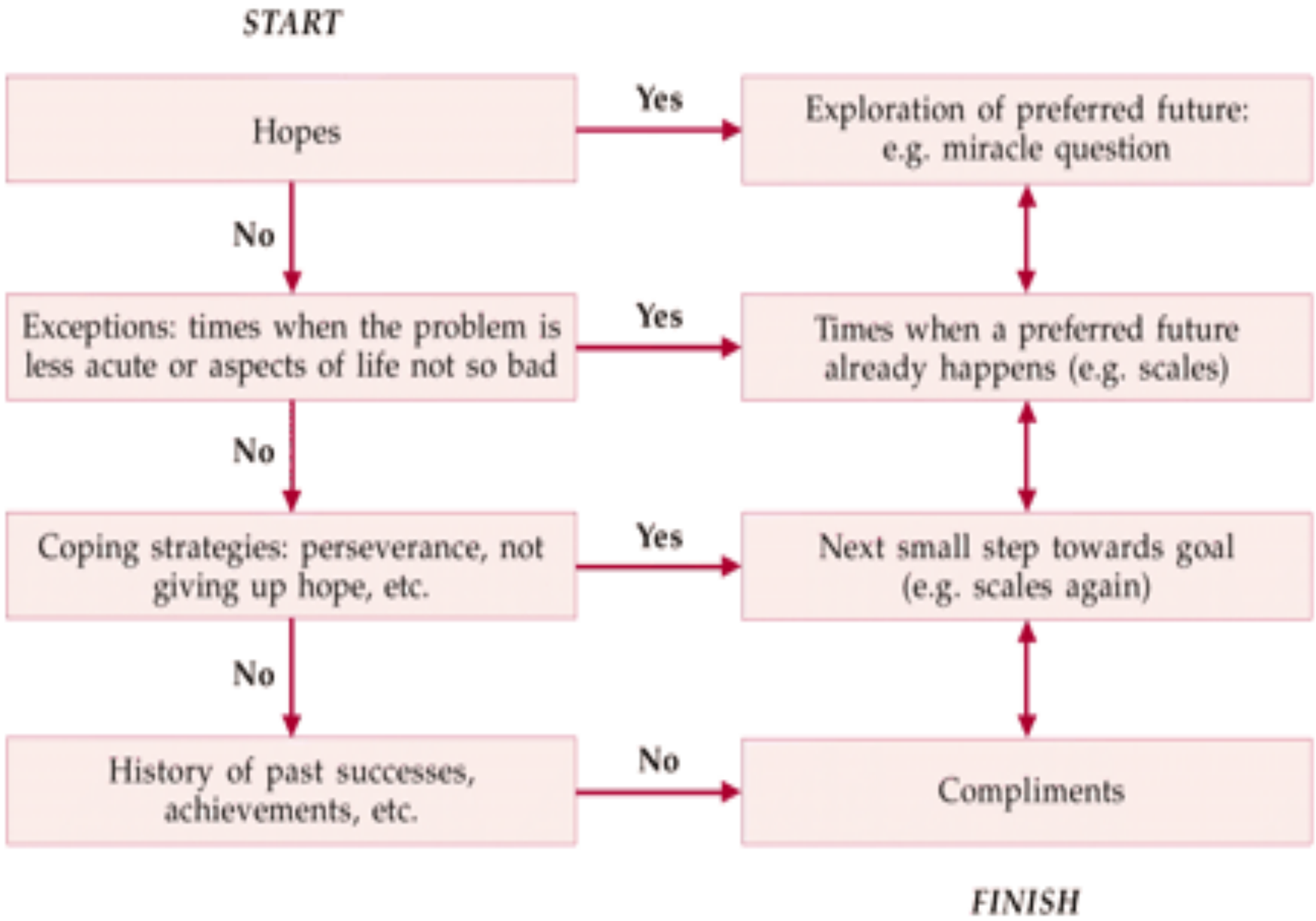
Summary

The difficult part of solution-focused brief therapy is developing the same fluency in asking about hopes and achievements as most of us have when asking about problems and causes. But the guiding framework is extremely simple, as Fig. 2_shows.

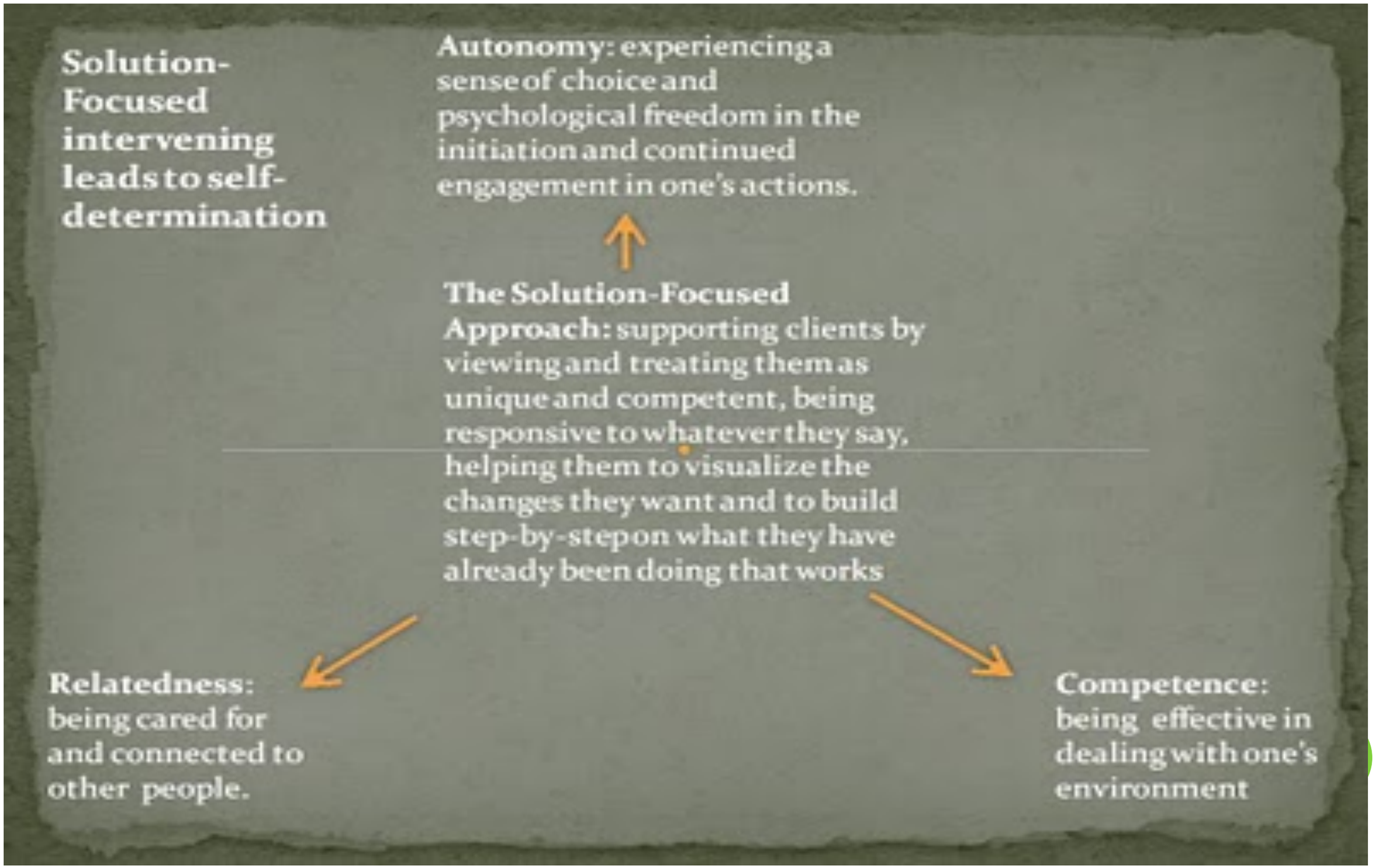
Most first sessions will start at the top left of this flowchart and then move down through the right-hand column. However the session goes, it will end with compliments.

Subsequent sessions are likely to concentrate on the second and third boxes in each column: more to the left if progress is slight and more to the right if things are progressing well. In all sessions attention is paid to the overall goal and each session ends with compliments relevant to the achievement of that goal.

Figure 2 : The ‘flow’ of a session



Solution-Focused Intervening leads to Self-Determination



Conclusion:

The complementary nature of solution-focused brief therapy is in part a product of its location outside conventional ‘scientific’ knowledge. In science, words are used to describe and delineate ‘reality’ and for something to be regarded as ‘real’ it must be possible to replicate it.

The theoretical underpinnings of solution-focused brief therapy are to be found more within the realms of philosophy. It is based on an understanding of language and dialogue as creative processes. Because the central focus is on the future and because there is no framework for ‘understanding’ problems, there is little for patient and therapist (or therapist and therapist!) to disagree over.

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