SOLUTION-FOCUSED FAMILY THERAPY

Solution-Focused Therapy

"Solution-focused therapy (SFT) is a **short–term approach** to intervention in which the social worker and client attend to solutions or exceptions to problems more so than to problems themselves" (Walsh, 2014, p. 233)

"SFT is most similar to **competency-based**, **resiliency-oriented** models, such as some of the components of **motivational enhancement interviewing**" (Solution-Focused Brief Therapy Research Committee, 2007, p. 3)

Origins and Social Context

The principles of Solution-Focused Family Therapy reflect a synthesis of ideas drown from the following theories:

- Systems theory
- Cognitive theory
- Communications
- Crisis Therapies
- Brief Therapies

Major Concepts

- SFFT attends to the client's way of viewing problems and situations. (not solution givers)
- Solution-Focused practitioners are interested in the impact of the words people use about their attitudes toward self and the world.
- SFFT therapists speak in a hopeful and future oriented way.
- This emphasis in solution talk aligns with a strength-based orientation.
- SFFT spend minimum of time talking about problems; focus on moving clients toward enacting *solutions.*
- SFFT does not assume a one-to-one linear relationship between problem and solution, but Solutions to a problem can happen in multiple pathways and do not necessarily have to be directly related to the presenting problem (de Shazer, 1985).

Walsh, J, (2013) Theories for direct social work practice. Stamford, Ct: CENGAGE Learning.

SFFT's View on Problem

Problems are **constructed between people** rather than within people and are seen to arise when people responded to life's ordinary difficulties in ways which made them worse, turning everyday difficulties into entrenched problems.

- Negative thinking about the problem
- Getting stuck on reasons for the problem
- Not finding exceptions to the problem.

Todd Grande, January 22, 2016 theories of Counseling –Solution Focus YouTube

How Change Occur

- Solution-focused therapy assumes that clients want to change and that clients have within themselves the strengths and resources necessary to resolve difficulties.
- Solution-focused therapy assumes that solutions are constructed rather than that problems are solved.
- In solution focused therapy, change is always significant; small steps can often lead to bigger changes. Any change is a good change.

Walsh, J, (2013) Theories for direct social work practice. Stamford, Ct: CENGAGE Learning.

Goals of SFFT Treatment

- Help families reach the goals they define
- Helping families focus on what they are doing right
- Expanding family's ability to use their skills
- Help families restore and use their skills

Role of the Therapist

- Assumes a “not knowing” stance (the beginner’s mind) with the family –family members are the experts regarding their family and their solutions
- Attend to client word choice- echo their key words
- Asks questions to elicit family goals, their view of potential solutions, and behavior patterns that exemplify exceptions to the problem stance
- Helps the family shift from problems to solutions (modest goals)
- Acts as encourager—
  - *Acknowledge and convey understanding and empathy*
  - *Focus on possibility and future orientation- Asking how family knows when the problem is solved*
  - *Stance of curiosity—Asking how will the family solve the problem*

The social worker- Client Relationship

During the engagement stage, the social worker attempts to build a collaborative alliance by:

- Listening to client and family's perspective on the presenting problem using the client's own language.
- Promoting collaboration by highlighting the wisdom of the client as the most valuable contributor into the therapeutic process.
- Use future-focused language to empower hope, for instance "what will be different for you when our time here has been successful?"

Walsh, J, (2013) Theories for direct social work practice. Stamford, Ct: CENGAGE Learning.

Structures of SFT: Small Steps to Enacting Solutions

How it works

- Therapists help clients identify preferred solution and work to take small, active steps in this direction each week.
- Sometimes, this is a very time-limited approach.
  - *As few as 1-10 sessions.*
  - *Solution-focused therapists advocate possibility of single-session therapy.*
- In more complex cases, such as the treatment of sexual abuse or alcohol dependency, therapy may take years.

1) Pre-session Stage

Solution-Focused therapist believe that change occurs before therapy begins. The act of making an appointment is a sign that change is occurring, and during the first session, the therapist would inquire as to what level of change has taken place.

Key questions

- Have there been changes for better or worse since you decided to take an action?
- Who else noticed this?

Todd Grande, January 22, 2016 theories of Counseling –Solution Focus YouTube

2) Assessment Stage

The assessment stage is intended to gather information directly related to the clients presenting problem.

Information gained at this stage will also be useful in conversation about goals and exceptions.

Key questions:

- How often does … happen? (days/parts of days)
- How long has it been going on?
- Has it ever happened before?
- How did you deal with it then?

Macdonald, A. (2011) The solution-Focused Therapy Model: the first Session; Part 1 in Solution-Focused Therapy:Theory, Research & Practice Sage Publication

3) Goal Setting Stage

Goal Questions

- How can we be most helpful to you?”
- “What would you like to accomplish as a result of coming here, so that one day you can look back and say, ‘That wasn’t a terrible waste of time’?”
- “How will you know that coming here was helpful for your child or family?”
- “When all is said and done, what will tell you it wasn’t a waste of time?”

Besenhofer, R. (1999) Utilizing Solutions - Focused Brief Practice as Assessment for Intervention.

Goal Setting and Subsequent Therapy

- Goal should be specific, measurable achievable, realistic and timely (SMART goal)
- Goals are formulated and amplified through **solution focused conversation** about **what client want different in the future**.
- Clients set the goals (not a therapist)
- Once a beginning formulation is in place, therapy focuses on

  - exceptions related to goals

  - regularly scaling how close clients are to their goals or solutions

  - co-constructuring useful next steps to reaching clients' preferred future.

Solution-Focused Brief Therapy Research Committee. (2007). Solution focused therapy treatment manual for working with individuals research committee of the solution focused brief therapy association.

4) Intervention Stage

- Questions are an important communication element
- In SFT, tend to make no interpretations and rarely directly change or confront a client

Intervention 1: A positive, collegial, solution-focused stance and questions

Intervention 2: Coping questions

Intervention 3: Exception questions

Intervention 4: Present-future-focused questions

Intervention 5. Therapeutic Compliments

Intervention 6: Miracle Questions

Intervention 7: Scaling Questions

Intervention 8: Relationship Questions

Intervention 1: A positive, collegial, solution-Focused Stance and Questions

- Overall attitude is positive, respectful, and hopeful
- Conversational shift- The therapist, using all the skills at her command, attempts to move with the client out of a problem-dominated conversation into a solution-oriented conversation
- Solution-focused question

“What do you think needs to happen during our meeting for this time to be helpful to you?”

“If things work, what would make the difference?”

Solution-Focused Stance: From Complaints to Requests

- Encourage clients to ask for what they want rather than what they don't want.
  - *Ex: "You don't do anything romantic anymore." → "I would really enjoy adding romance back into our relationship."*
- Requests need to be behavioral and specific.
  - *Ex: "I'd like to go away for a weekend; go to dinner and a movie; go to the beach for a sunset walk."*

Intervention 2: Coping Questions

- Looking for Previous Solutions or solutions that are working- ask families whether they have solutions that were worked and not worked previously
- Solutions may have been worked at another time, another, place, or in another situation
- Key- the family solved their problems, even if for a short time.
- Example of Coping Questions

  “How have you managed so far?”
  “What have you done to stay afloat?”
  “What is working?”

Intervention 3: Exception questions

To turn away from “problem talk” to “solution talk”, the SFT practitioner, while listening, is looking for a solution-focus way-in, an exception.

- An exception is thought of as a time when a problem could have occurred but did not (“when the problem is not”).
- Recognize there are exceptions to every problem, and that these exceptions can be used to build solutions.
- Focus the conversation on exceptions, especially those exceptions related to what the patient wants to be different.

Examples of Exception Questions

Exception questions

1. Tell me about times when you don't get angry.
2. Tell me about times you felt the happiest.
3. When was the last time that you feel you had a better day?
4. Was there ever a time when you felt happy in your relationship?
5. What was it about that day that made it a better day?
6. Can you think of a time when the problem was not present in your life?

How they work

- Problem varies in *intensity*; times when problem is *less severe* are exceptions.
- Diagnoses experienced most of the time on most days; focus on variations of intensity rather than absence of the symptom.

Intervention 4. Present-future-focused questions

- Questions focus on the present or on the future and solutions that already worked
- In SFT, not focus on the past and the origin of problems
- Future-Focused Question

"I'm curious to hear from each one of you, what would it look like for each one of you if you were all working together to prevent Jody's relapse."

Intervention 4: Therapeutic Compliments

The theory behind the use of compliments is that it would help client to be more open change. The use of compliments is particular in SFT.

There are three kinds of compliment:

Direct: Based on direct observation, the therapist points out the strength, abilities and successes of the client.

Indirect (Question-driven): Therapist ask questions from the perspective of someone close to the client. *“How have you “managed” to make “the household so calm?” “What other times have you used your “small mouth?”*

Self (Question-Driven)” Questions by therapist inquiring into the clients’ strength, abilities and successes

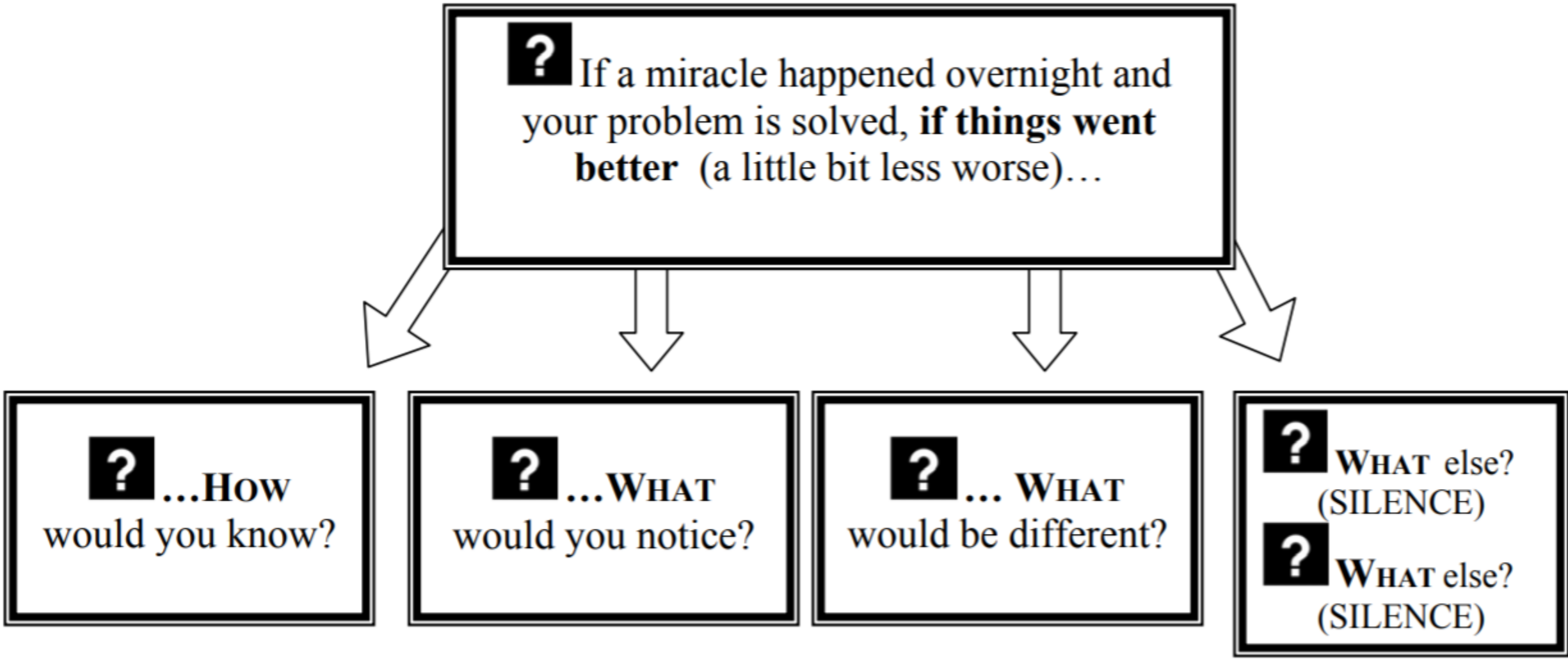
Intervention 4: Therapeutic Compliments

- Not-so-good therapeutic compliments:
  - *I really admire what you have done with your life.*
  - *You really are a great mom.*
- Complimenting anything other than client's goals and strengths is a judgment on the client or his/her life.
- When clients can set goals and make progress toward them, they develop a greater sense of self-efficacy.

Coping, compliments, and strength-reinforcing questions

Intervention 6: Miracle Questions

- Miracle question is used 1)for clients who have difficulties in articulating any goal at all or setting much less a solution-focused goal and 2)
- ""*Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved?*" (de Shazer, 1988)
- So, what will be the first small clue to you


? If a miracle happened overnight and your problem is solved, **if things went better** (a little bit less worse)…
? …HOW would you know?
? …WHAT would you notice?
? … WHAT would be different?
? WHAT else? (SILENCE)
? WHAT else? (SILENCE)

Intervention 7: Scaling Questions

Numerical language is useful in helping clients, parents, and even small children clarify vague ideas and goals by the use of scaled symbols such as degrees of smiley faces.

Scaling Question

- “On a scale of 1-10, with 10 representing the best it can be and one the worst, where would you say you are today?”

Follow-up question

- “Think really carefully now. What prevented you from being a 5?”
- “ Why a 4 and not a 5?”
- And “what would you need to be different so you’re able to get up to that 5?”

Mark Tyrrell, Mark Tyrrell's Therapy Skills. Free therapy techniques from Uncommon Knowledge

Intervention 8: Relationship Questions

- Asking how other family members were doing when things goes well and/or how the relationship between two persons look like
- Relationship questions help elicit feedback from the client that includes relational experiences and how they are meaningful to the client.
- Relationship question

“What do you think that your children notice the difference between you and your wife. They may say, wow, my mom and dad are different?”

“When things are going well, what did your husband do?”

5) Termination Stage: Ending the Intervention

In SFT, once a client has achieved her/his goals, new goals are set, or the intervention ends.

- During the termination session, as in any other follow up session, a discussion about progress towards goal will take place.
- Also, a conversation will be facilitated so that clients take own and take full credit for their improvement and positive changes.
- Client will be assisted clients in developing connections between their actions and positive change efforts.
- assist clients in establishing indicators of relapse and follow-up measures.

Retrieved from American Psychological Association. (2010). Ethical principles of psychologists and code of conduct.

Termination Questions

- ‘On a scale of 0 to 10 with 10 standing for you having complete confidence of being able to maintain the changes that you have made and 0 standing for the opposite, where would you put yourself now?’

Things at Their Worst *Solution*

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

- ‘So what will you need to notice yourself continuing to do for you to be really confident that you can stay on track?’
- ‘So what have you learnt about yourself, your strengths and qualities and resources in the talking that we have done together that will be useful to you as you build on this . . . ?’
- ‘So if I were to bump into you in 6 months time how would I know that you had built on the foundations that you have established in our talking together?’

Evan George (June, 2017) ANY ADVICE FOR FINAL SESSIONS? BRIEF: The center for Solution Focused Practice

Couples Therapy and Divorce Busting

- Solution-Focused couples therapy is popular because emphasis on strength and hope is well-suited for working with negative, interpersonal conflict.
  - *Especially with couples who are in crisis or considering divorce.*
- Solution-Focused couples therapies have unique interventions.
- Goal Negotiation- Making a common goal for a couple.

Spirituality and Solution-Focused Intervention

- SFT purposefully yields to client's description of experiences, and what those experiences represent, therefore SFT posses the flexibility to accommodate clients with religious and spiritual concerns, and "to generate tasks for goal achievement relative to them" (Walsh, 2013. p. 243)

Summary

- Solution-focused therapy is a short–term **practice model**, originated in the **early 1980's** which principles derived from the **brief therapy, systems, communication, and crisis theories.**

- It is a **future oriented, goal directed, and uniquely strength-based and focused** therapeutic approach.

- This approach has been applied to a **variety of problem areas, in a variety of clinical and nonclinical contexts.**

- Existing **research does provide tentative support for the use of SFBT.**

Brady's Family

Answer the following question

1) What are the goals of each family member (Emma, David, Jodi, and Brady)?
2) According to 8 interventions of SFBT, what intervention(s) was (were) used?
3) According to 8 interventions of SFBT, what intervention(s) was (were) used?
4) According to 8 interventions of SFBT, what intervention(s) was (were) used?
5) According to 8 interventions of SFBT, what intervention(s) was (were) used?
6) According to 8 interventions of SFBT, what intervention(s) was (were) used?
7) A therapist stopped Emma (#66) and asked her what she is doing when putting a 5 on the scale for family. Is this an example of .....?

8), 9), 10) What intervention did the therapist use?

Intervention 1: A positive, collegial, solution-focused stance and questions; Intervention 2: Coping questions; Intervention 3: Exception questions; Intervention 4: Present-future-focused questions; Intervention 5. Therapeutic Compliments; Intervention 6: Miracle Questions; Intervention 7: Scaling Questions; Intervention 8: Relationship Questions