

# GREG'S SFBT HANDOUT

## History of Solution Focused Brief Therapy (SFBT) and the Solution Focused Approach (SFA)

The development of SFBT has been influenced by the findings (and discussions between) several researchers and practitioners over the past 60 years. Key to this process has been Milton Erickson, Gregory Bateson, John Weakland, Steve de Shazer and Insoo Kim Berg. Influential institutions include: The Mental Research Institute of Palo Alto and the Brief Family Therapy Centre in Milwaukee. In recent years, similar approaches have appeared e.g. Solution Orientated Therapy (Ahola and Furman) and Possibility Therapy (O'Hanlon) that share with SFBT the concept of paying less attention to the problem and more attention to what already works and possible solutions. Further details of the SFBT history are contained in the last chapter of Jackson and McKergow (2002) Additional material is contained in 'Solution-Focused Therapy: Theory, Research and Practice' (Macdonald AJ, Sage Publications, 2007) and Cade, B (2007) in: Thomas FN and Nelson T (Eds) 'Clinical Applications of Solution-Focused Brief Therapy' Howarth Press: New York.

## 1. What is Solution Focused Brief Therapy?

Solution – Solutions not “problems”

The worker attempts to assist the client in identifying what would be happening in the future when the “problem” is happening less or not at all. That is, solutions are built rather than “problems” are solved with an emphasis upon *What is wanted* (rather than what is not wanted) and detailing *When* this happens *Who* will be doing *What?* Also, the worker attempts to raise awareness in the client of those times that parts of the solution have occurred in the past or are occurring now.

Focused – Focused not forced.

The worker and the client are focused upon a future where the “problem” does not exist, or is less of a problem, and on the times in the past and present, when the “problematic” events have not occurred. Note: There will be times when the client wishes to speak about the “problem” and at these times the worker should acknowledge the client's difficulties, as well as, looking for and commenting upon the client's abilities and strengths in coping with the “problem”.

Brief – Not one more session than is necessary.

The length and number of the sessions is agreed in partnership with the client. Both the client and the worker should be clear about what will be happening when the client no longer needs to meet with the worker. This can often be established in the first meeting. Thus, finishing is incorporated from the beginning and sessions are only as long as they need to be.

Therapy – Two people talking, with one trying to help the other.

Essentially, the purpose of the session(s) is for the worker and client to engage in conversations that are deemed useful by the client.

## 2. The Solution Focused Approach “in a nutshell”

### **Four Steps**

1. What do you want?
2. How will you know when you have it?
3. What are you doing already to get there?
4. What would be happening if you were a little closer to what you want?

### **Three Principles 1**

- a. If it ain't broke, don't fix it
- b. Once you know what works do more of it
- c. If it doesn't work, don't do it again: do something different

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## 2. Concept of "Problem"

People seek help because they have a problem and want something to be 'better'. Traditional approaches emphasise the problem and assume it is necessary to 'understand' the problem before improvements can be made. In SFBT "problems" are just something that the client wants to do without, or something they want to do more of. In solution focused work, it is not essential to understand the problem in great detail before identifying possible solutions and given that the client has constructed the "problem", they are in the best position to say when a problem has been resolved.

## 3. Useful Assumptions (or Beliefs or Presuppositions) in SFBT

Usefulness is a key term in the application of SFBT and is elicited from the client's perspective of what is happening within, and between sessions, with the worker. Rather than having an overarching theory about the problem; SFBT is founded upon a set of assumptions which assist in generating questions that can prove useful for clients. These assumptions include:-

### **Assumptions about service users**

- Every client is unique.
- Clients come to us with resources and strengths, both personal and in their social network.
- All clients have the ability to find their own solutions to the difficulties that they have.
- You cannot change clients; they can only change themselves.
- The therapist is not the expert on the clients and their social network, the client is
- A client's solution is more likely to fit their particular situation and more likely to be implemented and maintained.

### **Assumptions about problems**

- No problem happens all the time; there are always exceptions that can be found and built on.
- A focus on the possible and changeable is more helpful than a focus on the overwhelming and intractable.
- The client is not the problem. The problem is the problem. The problem and solution occurs in the *interaction between people* rather than residing within people.
- Problems that appear complex, may not necessarily require a complex solution

### **Assumptions about change**

- Change is happening all the time
- Small changes can make a big difference
- Rapid change or resolution can happen when people hit on ideas that work
- There may well have been some pre-session change

### **Assumptions about Practice**

- Lasting change is more likely to happen when you find out what's working and help people figure out how to do more of it.
- Change is happening all the time. Our job is to identify and amplify useful change.
- People are more likely to behave and/or think differently when you work with their goals for change

(Wheeler, J. and Vinnicombe, G. (2011) Published as part of article in Context: the magazine for family therapy and systemic practice in the UK)

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## 4. SFBT "Techniques" To Promote Competence

### Problem Free Talk

People's lives contain much more than the sum of their problems. In *Problem Free Talk* the worker attempts to elicit - and raise awareness within the client - details of their resources and strengths. It also establishes areas of competence – rather than underlining "incompetence" - in the client's life. Additionally, the client's abilities from the past and present can be utilised to build solutions in the future and encourage a view of themselves and others that is helpful in promoting change.

- "How do you usually spend your day?"
- "What parts of your work and home life do you enjoy?"
- "What do you do well?"
- "What interests do you have?"

### Pre-session Change

If the worker assumes change is happening all the time then change is likely to have taken place between the initial request for support and the first meeting with the worker. As this change has happened before the worker became involved; the client takes full credit for any changes that have occurred and progress that has been made. Additionally, inquiring about *Pre-Session Changes* can identify unsuccessful attempts to resolve the problem, which do not need to be considered again.

- "What differences have you noticed occurring between the time that you decided to ask for help and today?"
- "What have you already attempted to do to reduce or eradicate the problem?"
- "Has any of this worked, even a little?"

### Exceptions 3

Often times can be identified when the problem is not present, or is less influential in the client's life. Establishing these times can provide hope by demonstrating to the client that the problem is not "fixed" and hence it is not constantly occurring. *Exceptions* also identify solutions that have been utilised in the past, or are presently being used. That is, behaviours that the client already, or has previously, utilised to cope with or lessen the effects of the problem can be acknowledged and repeated. Thus, the details of the *Exception* times are employed by workers in sessions to remind clients of what they are already doing, or have done, that works.

- "When has this been less of a problem for you?"
- "Tell me the last time you did not (*insert problem behaviour*) when normally you would have done?"
- "What's been your best day at home or in work this week?"

Note: It is also possible at the initial referral stage (or in a letter confirming their place on a waiting list) to prompt clients to identify times when the problem is happening less or not at all. This information can then be acknowledged and utilised in the first session with the worker.

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## Coping

Some problems will persist for a period of time or become a “fact of life”. These could include: awaiting a court outcome, having financial restrictions, experiencing a separation or death. Consequently, there may not be any *Exceptions*. Often clients can initially describe themselves as “not coping” with these circumstances and being unaware of their strengths and resources. Possibilities at such times include the worker eliciting these hidden behaviours by asking:

- “What are you doing to cope with this?”
- “Over the past few days what has helped you to cope, even a little?”
- “What are the best that things can be given.....?”

## Compliments

***“I can live for two months on a good compliment.” Mark Twain***

Throughout any meeting with a client SFA workers will be looking for opportunities to compliment the client on what they have heard and what the client has already done. Three ways of doing this are :-

A. *Directly* – “I can see you’re a persistent person, as you’ve tried several different ways to find a solution” (linking traits to behaviours)

B. *Indirectly* - “What would your best friend say you are good at?”

Or through

C. *Self-compliment* - “How did you know it was time to address this problem?”

The latter type takes a keen ear and plenty of practice, but is often the most effective as it allows the client to give their own observations and interpretations.

Hint: In terms of ‘empowerment’ the worker one of the most useful questions a worker can ask a client is “How did you do that?”

## **5. SFBT “Tools” To Establish Goals**

Approaches that encourage workers to elicit details about the problem can lead to an over-emphasis upon what is not wanted in the client’s life and what has not worked, thus increasing the client’s and worker’s doubts about the prospect of change. In SFBT, workers encourage the client to provide a detailed description of a future where the problem is happening less, or not at all, and times when parts of this description have happened already. Alongside clarity, the goals of therapy need to have detail to ensure the client and the worker can identify both, the progress made towards the goals and when goals are attained. Finally, when the goals are small, objective and interactive this increases the likelihood of the client discovering their own route towards achieving them.

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Note: If the client's contact with the worker is to be no longer than necessary, then it is important that detailed goals are established with the client, preferably in the first session. Additionally, the goals may change as often a point is reached where things are 'good enough' rather than 'perfect', as well as, unforeseen life events leading to changes in the client's priorities.

### Two possibilities for establishing goals

#### Best Hopes

- "What are your best hopes for today's meeting?"
- "What needs to happen in this meeting to enable you to leave thinking that it was worthwhile coming here?"
- "How will you know things are 'good enough' for our meetings to end?"
- "What needs to happen in these sessions so that your relatives / work colleagues say, "I'm really glad you came to see me?"
- "What needs to happen in these sessions so that your manager / customers (anyone with authority or important influence) says, "We're really glad you went to meet with him?"

Note: With these latter two questions it would be important for the client and worker to know the expectations of the other influential people in the client's life. The details of these expectations can be identified either before, or following, the session.

#### Miracle Question 4

**"Suppose that tonight while you were asleep, there was a miracle and this problem that brought you here today disappeared. The miracle occurs while you are sleeping so you do not immediately know that it has happened"**

**"When you wake up, what is the first thing you will notice that will let you know that there has been a miracle?"**

**Then, "What else?"**

**"What will others notice?"**

*Adapted from ([http://www.brief-therapy.org/steve\\_miracle.htm](http://www.brief-therapy.org/steve_miracle.htm))*

### Key Points

1) Locate the future description firmly in the context of their life at home, in work etc. For example, At work - "In your first meeting / piece of work, what will be different when you enter your workplace or begin the task that will tell you that things are different?"

2) Build rich description by asking about the fine details of what people will do. e.g. "So when you wake up tomorrow..."

- "...what time will that be?"
- "...what is the first small thing that will tell you that the miracle has happened and that things are different?"

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3) Gather other people's perceptions

- "What's the first thing that your partner / children / boss will notice, that will let them know that things are different'?"
- "Who will be the first person in work to notice? What will they notice?"
- "When you do... what will your partner / children / boss be doing?"

4) Ask the client to identify which parts of the Miracle Day are happening already. Typically, a significant proportion of their miracle is already happening. Scaling can assist with this.

## Scaling

Scales are one of the most accessible and flexible tools for establishing goals and identifying progress and are also easily understood from the young to the old. Similar to the Miracle Question; scales are essentially conversational frameworks that encourage the client to create their preferred future and indicators of progress towards this goal. *Scaling* also identifies progress already made and can establish what would be happening if things were (even just slightly) better. Finally, scales can be constructed to encourage useful conversations about almost any situation and also elicit helpful details about the present and past, as well as, the future.

### As a follow-on from the Miracle Question

- "Imagine a scale from 0 - 10 where ten indicates everything you described in the Miracle Day is happening now and zero indicates none of that is happening. What number would indicate where you are at now?"
- What is happening that indicates you are at X and not lower. (*elicit as much detail as possible*).
- Is this good enough?

If response is "Yes" - "What can you continue to do to keep things at this number?"

If response is "No" - "Suppose things improved slightly by our next meeting, what number would you give this?" "What would be happening at this higher number that would indicate a slight improvement?" (*elicit as much detail as possible*).

- "What would it take for these things you've described to happen?"

Note: The worker does not suggest what the client should do.

Scaling can be used for a particular heading or where in general the person is on the scale e.g.

- How stressed are you at this time in your life? 10 (ten) you are very stressed, 0 (zero) you are not stressed at all. What number represents what you are thinking?
- "Let's say that 10 are the best things could be and 0 is the complete opposite of this. Where between 0 and 10 would you say you are today?"
- "If you are at X on the scale, what would be happening at X+1?"

0          1          2          3          4          5          6          7          8          9          10  
{ Y – progress already made}(X) (X+1)          {Z -Good enough}

Scales can also be constructed 0 - 100 and include minus figures if things are getting worse, or have been worse. Generally progress is movement towards 10, though some scales can have progress in terms of something happening less and progress is then towards 0.

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## Important Tips

- **Do not** “skip” progress the client has already made and go straight for the progress (X+1). Ensure details of progress already made are discussed fully.
- Let the client identify what needs to happen for them to get to (X+1). Often simply helping the client to identify what is happening at (X+1) is enough for the client to begin to plan what they would need to do differently.

In the SFBT tasks are not necessarily given and often change relates to the way the client perceives their situation rather than the objective elements of the situation changing.

## Final Point

Despite the name, solution focused meetings with clients do not always lead to solutions being identified within the meeting. More often the process described above leads to the client becoming ‘unstuck’ with regard to their current thinking and actions and more aware of what is already working and what else could possibly work in the future.

## 7. Common “What if” Questions

### 1) What if the client wishes to speak in detail about their problems?

- Listen to the problem story.
- Try to identify strengths and exceptions.
- Validate the client’s thoughts and feelings and praise the client for their attempts to cope with and resolve the problem.

“How did you cope with this...?” or “How are you managing to cope despite...?” can be useful responses identifying strengths and resources whilst dealing with problems.

### 2) What if the client struggles in talking about themselves?

- Ask for the perspectives of other people in the client’s life.
- “If they were here, what would your friends / parents / partner say they like about you?”

Other person questions

Use other means of expression and communication; drawing, sculpting the *Miracle Day* etc even making a scale on a computer with a picture of a bridge / tower, or printing off large numbers and walking up and down the *scale*.

### 3) What if the Miracle Day stated seems impossible?

Generally, it is useful to elicit the details of the miracle given even if it seems highly unlikely. For example “So suppose you win the lottery. What would you do with the money? What difference would that make? Steve de Shazer has even spoken of asking people who talked of suicide “What do you imagine it would be like if you were dead? Often such a response can elicit the client’s goals that may be achievable without the client killing themselves or winning the lottery.

Additionally, most clients recognise that the worker is not able to bring someone back from the dead or reverse an amputation etc. However, it may be useful for the client to identify what is the best that things could be given their circumstances. Thus, if 10/10 is not possible what would 8/10 (good enough) look like.

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- "It is understandable that you would want the return of that person / leg back in place. However, what would be happening if things were 8/10 and what would be happening if things were just a little bit better?"

### 4) *What if the miracle stated is unethical / immoral / illegal?*

The client is responsible for their solutions and the worker is not obliged to assist the client in achieving their goals, particularly if the goals are harmful to another person. For example, a client who wishes to continue committing crimes but does not want to be caught and sent to prison. However, identifying a shared goal of the client not being sent to prison can be a starting point for a conversation about what would have to change for this not to happen and what would increase the risk / decrease the risk etc. Obviously, such a conversation would include addressing alternatives to the abusive behaviour.

### 5) *What if the client cannot identify a preferred future?*

This can often be an issue for teenagers and some adults and generally if the client cannot identify what would be better (even slightly better) in the future. At such times, encourage them to identify a time in the past when things were better.

- "When, in the past, were things better for you than they are now? What was happening then? Is there anything that you, or others, did then that could be repeated now?"

Sometimes reminding clients through the use of numbers on a *scale* (without details of what the numbers represent) is enough to remind them that in life change happens and at different times things can seem worse or better than in the past.

Finally, many clients respond well to writing letters to themselves from the adult they hope they will be in 1 or 5 years time. The letter contains details what they are doing and how they achieved this.

### 6) *What if in subsequent sessions the client says things are worse?*

- Ask "How did you stop things from getting even worse?"
- Ask "How did you get things "back on track?"
- Ask "How are you coping with that?" or "How did cope with that?"

### 7) *What if the client does not want to be there?* (Involuntary clients)

- If they have "been sent " by another professional / parent; establish with the client (and possibly the other person) what this person would need to see happening before they agreed to the client not coming to any further sessions.
- "What needs to happen to get XXX 'off your back'?"  
Also establish joint goals. For example -
- "We do not want to meet more than is necessary. What needs to happen within these sessions and between our meetings to reduce the number of times we meet and to also make our time together useful for you?"

### 8) *What if the client wants someone else to change their behaviour?*

- "What will you do when they start to behave that way that demonstrates you have noticed their change and encourages them to behave that way more?"
- "Can you pretend they are already doing what you wish and begin to behave in that way?"
- "What are the chances of that happening?" (Scale) "What can you do to increase the chances?"
- "What if the person does not change?" "How will you cope?"



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9) *Similarly, what if the problem is said by the client / their boss / partner as located in one person?*  
Try and externalise the problem / "habit" and mobilise the resources of all of those present to beat it. For example, make a game of the couple / family vs the "habit" where everyone has to notice when the behaviour is taking place less or not at all (or more if that is the goal) and then everyone to compare notes and give praise, rather than criticism, on a daily or weekly basis. Aim towards building new skills rather than stopping unwanted behaviour.

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