
Solution Focused Therapy

A GUIDE TO COUNSELLING THERAPIES (DVD)

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All Case Histories in this text are presented as examples only
and any comparison which might be made with persons either
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HISTORY

Solution focused therapies are founded on the rationale that there are exceptions to every problem and through examining these exceptions and having a clear vision of a preferred future, client and counsellor, together, can generate ideas for solutions. Solution focused therapists are competency and future focused. They highlight and utilise client strengths to enable a more effective future.

Historically, psychotherapeutic approaches of the early-mid 1900s focused primarily on client pathology and problems. By the late 1950s a moderate shift in practitioner direction was occurring. Therapists were shifting from a focus on the past to a 'here and now' approach. Nonetheless the focus on client pathology and problems remained. By the late 1970s, practitioners, particularly family therapists, were taking note of their own biases. Contextual factors became the focus as clinicians began to challenge traditional pathologizing and power-orientated practices (Bertolino & O'Hanlon, 2002).

Solution focused practice emerged with the idea that solutions may rest within the individual and his or her social network. As postmodernism sparked questions about the superiority of the therapist's position and the idea of a universal truth, the therapeutic relationship began to transform – the client now recognised as the expert in his or her own life. This created a more collaborative approach to counselling (Bertolino & O'Hanlon, 2002) and established a context in which solution focused practice could flourish.

SOLUTION FOCUSED TECHNIQUES

Basic Assumptions

The following assumptions provide the framework on which solution focused therapy is founded:

- There are significant advantages in focusing on the positive and on solutions for the future. Focusing on strengths and solution-talk will increase the likelihood that therapy will be brief.
- Individuals who come to therapy *do* have the capacity to act effectively. This capacity, however is temporarily blocked by negative cognitions.
- There are exceptions to every problem.
- Clients tend to present one side of the problem. Solution focused therapists invite clients to view their problems from a different side.
- Small change fosters bigger change.
- Clients want to change, they have the capacity to change and they are doing their best to make change happen.
- As each individual is unique, so too is every solution.

Source: Corey, G. (2005). *Theory and practice of counseling and psychotherapy*. (7th ed.). Belmont, CA: Wadsworth.

The Miracle Question

The miracle question is a technique that counsellors can use to assist clients to think 'outside the square' in regard to new possibilities and outcomes for the future.

"The miracle question has been asked thousands of times throughout the world. It has been refined as practitioners have experimented with different ways of asking it. The question is best asked deliberately and dramatically.

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, p. 5.)

Asked this way, the miracle question requests clients to make a leap of faith and imagine how their life will be changed when the problem is solved. This is not easy for clients. It requires them to make a dramatic shift from problem saturated thinking to a focus on solutions. Most clients need time and assistance to make that shift. (De Jong & Kim Berg, 2002)

Exception Questions

Having created a detailed miracle picture, the counsellor has started to gain some understanding of what the client hopes to achieve and the counsellor and client can begin to work towards these solutions. This is achieved through highlighting exceptions in a client's life that are counter to the problem. This helps empower clients to seek solutions.

Exception questions provide clients with the opportunity to identify times when things have been different for them.

Examples of exception questions include:

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

"When exploring for exceptions, be aware that such questions can be phrased to ask for the client's perception of exceptions (individual questions) and the client's perception of what significant others may notice (relationship questions). Examples of each follow.

Exceptions related to the miracle.

1) Elicit

So when the miracle happens, you and your husband will be talking more about what your day was like and hugging more. Are there times already which are like the miracle – even a little bit?

If your husband was here and I were to ask him the same question, what do you think he would say?

2) Amplify

When was the last time you and your husband talked more and hugged more? Tell me more about that time. What was it like? What did you talk about? What did you say? When he said that, what did you do? What did he do then? How was that for you? Was else was different about that time?

If he were here, what else might he say about that time?

3) Reinforce

Nonverbally: Lean forward raise eyebrows, take notes. Do what you naturally do when someone tells you something important.

Verbally: Show interest. (Was this new for you and him? Did it surprise you that this happened?) And compliment. (Seems like that might have been difficult for you to do, given everything that's happened in the relationship. Was it difficult?)

4) Explore how the exception happened

What do you suppose you did to make that happen?

If your husband were here and I asked him, what do you suppose he would say you did that helped him to tell you more about his day?

Use compliments: Where did you get the idea to do it that way? That seems to make a lot of sense. Have you always been able to come up with ideas about what to do in difficult situations like this?

5) Project exceptions into the future

On a scale of 1 to 10, where 1 means every chance, what are the chances that a time like that (the exception) will happen again in the next week (month, sometime in the future)? What will take for that to happen?

What will it take for that to happen more often in the future?

Who has to do what to make it happen again?

What is the most important thing for you to remember to do to make sure that _____(the exception) has the best chance of happening again? What's the next most important thing to remember?

What do you think your husband would say the chances are that this (the exception) will happen again? What would he say you could do to increase the chances of that happening again? Suppose you decide to do that, what do you think he would do? Suppose he did that, how would things be different for you...around your house...in your relationship with him?" (De Jong & Kim Berg, 2002, pp. 302–303)

Scaling Questions

Scaling questions invite clients to perceive their problem on a continuum. Scaling questions ask clients to consider their position on a scale (usually from 1 to 10, with one being the least desirable situation and 10 being the most desirable). Scaling questions can be a helpful way to track coachees' progress toward goals and monitor incremental change.

"To use these types of questions, the therapist begins by describing a scale from one to ten where each number represents a rating of the client's complaint(s). The therapist might say, "On a scale of one to ten, with one being the worst this problem has ever been, and ten being the best things could be, where would you rate things today?"

Once a therapist is given a number, he or she explores how that rating translates into action-talk. For example, if the client rates his or her situation at a three, the therapist asks, "What specifically is happening to indicate to you that it is a three?" The next step is to determine the goals and preferred outcomes. To do this the therapist asks the client where things would need to be for him or her to feel that the goals of treatment have been met or that therapy has been successful....

We aim for small changes that will represent progress in the direction of goals and preferred outcomes."*

* Bertolino & O'Hanlon, 2002, pg. 4.

Examples of scaling questions include:

- *You said that things are between a 5 and a 6. What would need to happen so that you could say things were between a 6 and a 7?*
- *How confident are you that you could have a good day like you did last week, on a scale of zero to ten, where zero equals no confidence and ten means you have every confidence?*

Presupposing change

When clients are focused on changing the negative aspects (or problems) in their lives, positive changes can often be overlooked, minimized or discounted due to the ongoing presence of the problem.

The solution focused approach challenges counsellors to be attentive to positive changes (however small) that occur in their clients' lives. Questions that presuppose change can be useful in assisting clients to recognise such changes. Questions such as, *"What's different, or better since I saw you last time?"* This question invites clients to consider the possibility that change (perhaps positive change) has recently occurred in their lives.

If evidence of positive change is unavailable, counsellors can pursue a line of questioning that relates to the client's ability to cope.

Questions such as:

- *"How come things aren't worse for you?"*
- *What stopped total disaster from occurring?"*
- *How did you avoid falling apart?"*

These questions can be followed up by the counsellor positively affirming the client with regard to any action they took to cope. (Geldard & Geldard, 2005)

APPLICATIONS

Solution focused counsellors are more concerned with solutions than how or why a problem originated. For this reason, solution focused practice has a broad application. The solution focused approach can be brief due to its focus on 'what works' and its emphasis on action as a significant factor in change. This makes it an approach that can be well integrated into the typically fast-paced lifestyle of the contemporary client.

As such, solution focused therapy has been successfully applied to a variety of client concerns, including drug and alcohol abuse, depression, relationship difficulties, relationship breakdown, eating disorders, anger management, communication difficulties and crisis intervention to name but a few. In addition, solution focused approaches have been effectively applied to a vast array of client groups, including children, families, couples and mandated clients.

STRENGTHS AND WEAKNESSES

Table 1 – Strengths and Weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">▪ Collaborative in its approach▪ Focuses on client competencies▪ Can be brief	<ul style="list-style-type: none">▪ Clients expecting depth therapy or analysis may dismiss the solution focused approach for its simplicity

CONCLUSION

The solution focused approach provides counsellors with a framework for exploring and utilising clients' existing resources; their strengths, support networks, ideas and theories of how change occurs. Solution focused counselling seeks to redirect client thinking from being problem-focused to solution-focused. This can be a difficult task, particularly when the client has lived with a particular concern for many years. Techniques such as the miracle question and exception questions can serve as useful tools for inspiring new ways of thinking and generating ideas for solution building and the establishment of a preferred future.

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