

SOLUTION-FOCUSED COUNSELING

Solution-Focused Counseling (SFC) is a short-term goal-focused therapeutic approach that helps clients change by constructing solutions rather than dwelling on problems. Elements of the desired solution often are already present in the client's life and become the basis for ongoing change. The ability to "see" and express what changes are desired, what they will look like (visualization) with the lessening or eradication of "problems", is more often more important than understanding what led to the problem or any so called insight.

SFC is based on the idea that, if our aim is to help clients change, we ought to use things related to **how change happens rather than concentrating on how the problems developed**. Understanding the details and 'cause' or "why" of the problem is often not necessary to finding a solution. **The important issues are how does the client want things to be different and what will it take to make it happen.**

Envisioning a clear and detailed picture of **how things will be when things are better creates hope and expectation and makes solution possible**. SFC focuses on the future (and how it will be better when things change) and majors on the establishing and elaboration of clear goals. Goals direct the Counseling process and help it remain focused and brief (if we don't know where we're going, we don't know when we've got there! we need a map.). SFC also focuses on client strengths and resources, as a way of helping clients recognize how to use their resources to bring about changes.

What is expected of the client?

It is extremely helpful for the client **to believe that change is possible**. Not everyone who appears in counseling is a candidate for change. Clients are expected to be able to acknowledge that they have a problem and express a real willingness to work on it. They need to see themselves as being part of a solution.

What is expected from a SFC practitioner?

It is the SFC practitioner's job to help define and clarify objectives and to put them, if possible, in attainable form. Together, the client and practitioner will first define the problem and then determine goals that include a description of how a positive outcome would look like. The client will also define the objectives that will help them work toward achieving the goal.

The solution-focused approach can be summed up in three stages:

1. Find out what the client wants. This is the all important **Goal**.
2. Determine what is currently **working for the client** and do more of that. Build upon strengths.
3. Do something different if something is not working. Do less of what doesn't work.

The simplicity of the above stages in no way weakens their effectiveness.

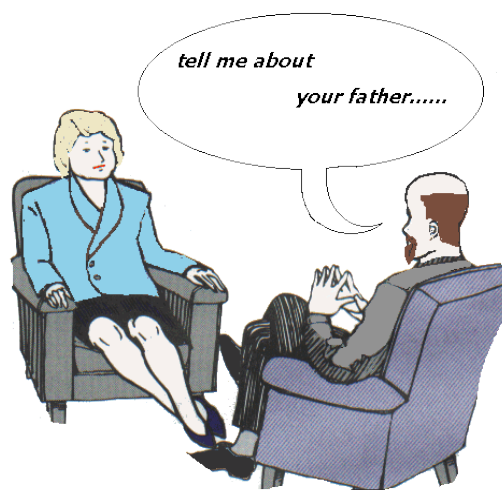
For example:

Let's take the simple task of finding out what the client wants to achieve from counseling. The majority people go into counseling/Counseling knowing very well what it is that **they don't want**. They know what has been troubling them, and they know how frustrated they are by their problems. In the solution-focused model, our goal is to help the client find out what they do want. Identifying their goal (or goals)

is perhaps the single most important thing the client will do in the Solution Focused counseling sessions. In effect, the goals that those seeking counseling articulate will guide them through the rest of the sessions, and they will be the mark against which they will measure success.

In the second, the emphasis is on finding out what parts of their life are working just fine. That is to say we don't want to be trying to "fix what ain't broken." Solution Focused Counseling practitioners and counselors are strong believers in the "if it ain't broke don't fix it" philosophy. When we find out what parts of the clients life they are happy with, we can use them as a strong foundation upon which can be built improved lifestyle. In contrast, traditional Counseling the focus is on diagnosing what is wrong with the client (or a partner if they are in couple counseling) what is not working for the client - looking for "why." In SFC the client presents their problems, but will solve them by using the strengths that they already have.

The last stage is "Do something different. This is when a realization is made that an approach is not working effectively and to keep doing the same old thing to get the same old result is just going round in circles. Everyone has an almost infinite capacity for finding creative solutions - although they may not recognize it. We shouldn't waste time on any approach that's not working for the client. Since this time frame is measured in weeks and months we want to find a solution that works in the shortest time possible. This is particularly true when SFC is applied to marital/relationship counseling where the relationship is fading rapidly. SFC emphasizes that the client is the expert on their situation and about themselves . . . the client is charge of their own Counseling and will decide when they have reached the goals they set for themselves. SFC practitioners will listen to what the client has to say, and together they will develop goals and work collaboratively to find solutions.



Origins and Elements of Solution-Focused Counseling

- ✓ Steve deShazer's family work in Milwaukee (1985) and Insoo Kim Berg developed this approach based on Milton Erickson and MRI models, and by watching what seemed to happen to

families and couples *right before* they reported having had some break-through moment. This is *key*, as many studies of what works in Counseling have been based on therapists views. When studies are done comparing therapist and client views of what happened in session and what was helpful... well, they disagree.

- ✓ It is based on the work of Milton Erickson (1954) recognized as the founder of clinical hypnotherapy.
- ✓ Watzlawick, Weakland and Fisch (Mental Research Institute). Whereas MRI focuses on what the client is doing wrong (more of the same) and how to change that, SFC focuses on exceptions to the problem, thinking that a change in behavior will naturally develop then. It's sort of insight-oriented, but not in traditional ways, since it is future focused, and doesn't get too deep into one member's "pathology," but rather focuses on what the system can do to adapt to it, and lets the client decide if that "pathology" is a problem or not.
- ✓ What we talk about determines what we talk about.
- ✓ Talking about the problem makes it bigger.
- ✓ Talking about failures or deficits makes them bigger.
- ✓ "Empowerment" without changing the assumptions is simply "more of the same" (something we do to people because we think it will help them).
- ✓ Primary focus is to generate solutions to the client's problems from his or her complaints.
- ✓ Major task is to help the client do something *different*. (William O'Hanlon).
- ✓ The focus on the problem is redirected toward solutions *already* existing.
- ✓ Only small change is necessary because any change, no matter how small, creates the *context* for further change.
- ✓ Goals are framed in positive terms with expectancy for change.

Client Status

Visitor

- "I don't need any help since *I'm* not the problem."
- Confronting them on their lack of responsibility is easy, but not very helpful.
- They need compliments for coming in and to get them to come back and be more active.

Complainant

- "I need help and I'm suffering but, *someone else is responsible for fixing it.*"

- The client needs compliments to come back, and homework to focus his or her attention on things he or she can control that impacts their behavior.

Customer

- “I need help. I have a problem, and I’m here to fix it but don’t know what to do.”
- Compliment for coming, and then give homework to shift his or her attention away from problems and on to exceptions and strengths.

Key Elements

- ✓ Co-operation
- ✓ Utilization of client resources and strengths
- ✓ Exceptions to the problem
- ✓ Assumptive and pre-suppositional questions
- ✓ Use of compliments
- ✓ Assigning behavioral tasks
- ✓ Scaling

SFC Steps

- ✓ Salient (noticeable)
- ✓ Simple
- ✓ Specific and Concrete
- ✓ The Presence of Something
- ✓ Realistic and Achievable

Solution-Focused Practices

- ✓ **The questions we ask:** exception, coping scaling miracle, future-oriented, competence/resource.
- ✓ **The questions we don’t ask:** restraint; don’t get too impressed with stories of pathology; don’t get too engaged with questions of point of origin - insight.
- ✓ **The things we say:** feedback, compliments, exclamations, validating statements are normalizing frames.
- ✓ **The things we don’t say:** avoid interpretations; avoid implications that you understand the client better than the client understands him or herself.
- ✓ **The things we do:** behavioral repertoire, structure of session, purpose, homework.

Comparison of Counseling Approaches

Traditional	Solution-Focused
<i>Focus is on the client's:</i>	<i>Focus is on client's:</i>
✓ deficits	✓ competence
✓ weaknesses	✓ strengths
✓ limitations	✓ possibilities
✓ problems	✓ attempted solutions
<i>Talk is focused on:</i>	<i>Talk is focused on:</i>
✓ client's problems	✓ possible solutions
✓ client's past and present	✓ client's future
✓ stability	✓ change
<i>Practitioner looks for:</i>	<i>Practitioner looks for:</i>
✓ enduring traits	✓ exceptions
✓ causes	✓ possible solutions
<i>Practitioner is:</i>	<i>Practitioner is:</i>
✓ expert	✓ student
✓ reactive	✓ active and interactive
✓ dabbler	✓ intentional
<i>Client is:</i>	<i>Client is:</i>
✓ student	✓ expert
<i>Counseling is:</i>	<i>Counseling is:</i>
✓ open-ended	✓ structured
✓ time limited	✓ time limited
<i>Solutions are:</i>	<i>Solutions are:</i>
✓ outside the client	✓ within the client
<i>Goals are:</i>	<i>Goals are:</i>
✓ set by practitioner	✓ set by client
✓ insight-oriented	✓ behavior-oriented
✓ absence of problems	✓ presence of solutions

Three Major Principles of Solution-Focused Counseling

1. Build **co-operative** relationship
2. **Negotiate** constructive focus for client's concerns/requests
3. **Evoke** client's existing skills, knowledge and resources

Co-operating provides a context for . . .

Negotiating, which provides a context for . . .

Evoking, which enhances possibilities for change.

Major Change Principles

Co-operating

1. Engaging with clients in ways which build and sustain collaborative relationships (rapport, nurturing, genuine, honesty, optimism, positive, on-side).
2. **Assumption:** To the extent that clients feel accepted, understood, appreciated, respected and safe in the counseling setting, they will be more willing to contribute their energy and expertise to the conversation and to access their own resourcefulness for change.

Negotiating

1. Inviting clients to explore and describe their concerns and requests in ways that avoid verbal closure; establish a focus and create a space for future possibilities (identify things they *can* change, stay *where* you can make a difference: "what can you *live* with").
2. **Assumption:** Prospects for therapeutic change will be enhanced by a conversational process in which clients are invited to describe their situation (concerns, requests, priorities) using a grammar of possibilities, rather than a grammar of problems, characterizations, accusations or recriminations.

Evoking

1. Inviting clients to access, elaborate and draw upon areas of personal knowledge, experience, competence and imagination that will facilitate desired change (people are experts who have strengths/capacity, finds exceptions, guides client).
2. **Assumption:** The process of therapeutic change tends to be more time-effective, self-generating, significant and satisfying when it enables clients to build upon existing knowledge, competencies and language resources.

Problem Talk	Solution Talk
<ul style="list-style-type: none"> • Anger problems • Depressed • Oppositional • Rebellious • Disruptive • Family Issues • Shy • Feelings of rejection • Isolated • Anxiety • Poor impulse control • antisocial behavior • paranoia 	<ul style="list-style-type: none"> • Very energetic at times, or short attention span • Sometimes gets upset • Sometimes sad • Argues a point often • Developing his or her own way • People are important to him or her • Often forgets rules • Worries about home life • Takes time to know people • People try to influence him or her • People forget to notice him or her • Likes being by himself/herself

Solution-Focused Counseling Critical Points

- ✓ Non-pathological approach to open up *possibilities*.
- ✓ Not necessary to promote *insight* in order to be helpful.
- ✓ Not necessary to *know* a great deal about the complaint.
- ✓ Clients, practitioners, parents, etc., have *complaints*, not symptoms.
- ✓ Clients and practitioners are more motivated when they define *goals*.
- ✓ Snowball effect will occur when *one* person makes *one* change.
- ✓ Complex problems do *not* have to necessitate complex solutions.
- ✓ Fitting into the client's *world-view* lessens *resistance* and encourages co-operation.
- ✓ Motivation is a key and can be encouraged by *aligning* with the client against the problem.
- ✓ There is no such thing as resistance when we *co-operate*.
- ✓ If it *works* don't fix it. If not, do something *different*.
- ✓ Focusing on the *possible* and changeable lessens frustration.
- ✓ Go slowly and focus on tasks that lead to *success*.
- ✓ Rapid change is possible when we identify *exceptions*.
- ✓ Change is *constant*.
- ✓ *Every* complaint pattern contains some sort of exception, so keep looking.
- ✓ *Changing* the time and place will change interactions and behaviors.
- ✓ *Looking* at problems differently can encourage their resolutions.
- ✓ What will be different *when* the problem *is* solved?

A Guide

- ✓ Examine client's complaints carefully to determine if they behave *as if* they are trapped.
- ✓ Help clients to *alter* complaints into solutions or exceptions when the complaint is "less" painful, non-existent, or not operative.
- ✓ Identify the solutions.
- ✓ Encourage client to share what happens in their life that they want to *continue* to happen.
- ✓ Provide clients with cues-focused therapeutic *suggestions*, tasks, or directives that lead in the *direction* of solutions.
- ✓ *Always* search for exceptions to the client's complaints.
- ✓ *Compliment* client for their positive or proactive abilities.
- ✓ Ask client the *miracle question*: "If there was a miracle one night while you were sleeping and your complaint was gone when you woke, *how* would you *know*? How would others know?"
- ✓ Ask client to rate themselves on how well they are implementing their solutions 1 to 10.

Types of Questions

Presuppositional questions are open-ended questions designed to enhance clients' awareness of the inevitability of change and of their own personal strengths. Woven throughout the counseling process, these techniques presuppose success and augment other solution-oriented interventions. For example, rather than ask "If things get better?" or "What might improve?" you might ask clients to "describe what will be happening when the situation is 10% improved."

Goal-oriented: Rather than focusing on what needs to change or be changed, it may be more helpful to focus on what the changed state will be like. That is, to focus on the non-problem future. Rather than counseling being driven by ideas about changing whatever (problem) is being presented, we might orient things toward what things will be like when the client is ready to finish counseling.

The miracle question: Suppose that one night, while you were sleeping there was a miracle and this (problem) was solved. How would you know? What would be different? How will others know without you saying?

Exceptions: This is the point where the practitioner refocuses the client's attention off of the problem story to the details.

- "When was the last time this was not a problem?" or
- "Tell me about a time when you avoided this?" (Do not say: "Was there a time when . . . ? Or, "Has there ever been a time when . . . ?").
- Follow up with questions like, "What was that like?" "Wow! How did you do that?" and, "What were you doing differently?" "How have you kept from getting to be a bigger problem?"
- Follow up with, "Good idea. But I'm curious, how did you know *that* would help?" and, "How did you decide to do *that*?" What did you notice about the times when this problem *could have developed*, but *didn't*?" (Do not say: "Are there any times when this problem . . .?")
- "What have you noticed is better when this problem doesn't develop?" Followed by, "What needs to occur first before that can happen again?" and "What would your (partner, friends, brothers, sisters, parents) say you are doing different?"
- Encourage them more along these lines.

Scaling questions are useful in monitoring client progress: “On a scale of 1 to 10, with 1 being you experienced no depressed feelings following your visit with your mother and 10 being you felt very depressed, where did you rate?” If the client’s answer is “5,” you can ask, “Is this a 5 and getting better, or a 5 and getting worse?” If “5” is an improvement, you can follow with, “How can you make it a 6 (a 7)?” If “5” is a move backward, you can ask, “How did you prevent it from becoming a 4?” Useful methods of highlighting strength and raising the client’s awareness of change, scaling and presuppositional questions are important components of the SFC approach.

Scaling allows clients to take a stand on where they are about things, and communicate possibly negative things in a positive method. It can be a way you shift them from problem-talking to solution-talking

Ask clients to rate on a scale of 1 to 10 with 1 being horrible and 10 being perfect: “How committed/motivated are you in fixing this problem?” or, “How confident/hopeful are you that this problem can be fixed?” or, “How much progress have you made?”

You then ask the client what will move them one or two points at most, and get more concrete from there. You can compare them, with focus on one being more hopeful/ motivated, rather than one being less so. When progress is *not* shifting from its original position, this is often a sign of resistance, which is a client message that what you are doing is not working for them, not that the client is a "problem" client or is engaging in self-defeating behavior. You can deal with resistance by asking things like:

- "What should we be working on that we aren't?"
- "What do we need to be working on for you to feel the situation will improve?"
- "It seems like we might be on the wrong track. How do we get back on the right track?"
- "What do we need to talk about today to be helpful to you?"
- Clients report this helps them the most.

Normalizing helps the client themselves as not "crazy." "First of all, it makes sense for you to be feeling the way you've been feeling. You've been through a lot, including..... No wonder you've been stressed and depressed..."

Restructuring reconceptualizes a problem as a short-term issue, like "I'm stuck" becomes a "transitional life experience," "a decisional crossroad," or an effort to "find balance in my life." “You said you've been arguing with your husband/wife about whether or not the two of you can support one of you going back to school. That makes sense, since changing careers is such a big decision, one that alters your future income, work schedule, and retirement plans... this is a big decision point in your lives."

Affirmation is reinforcement for drawing on strengths. “I'm most impressed by the fact that...” This is a good time to be checking on the client’s comments and body language to make sure he or she agrees with your reframe before moving to the bridging statement

Bridging connects the conceptualization you've offered to the homework or experiment you are about to suggest "You are basically a xxxx person, and I like xxxx people, and I want to find a way to use the xxxxiness in a way that will be helpful." "You are a couple who divide up everything, a couple that is very good at splitting up difficult or unpleasant tasks into smaller portions. You make sure each has a share that they are not only willing to do, but also are likely have some skill to do well."

Homework or *experiments* are suggestions for the client to try, not assignments he or she is commanded to do. Homework should be suggestions that flow from where the client *is* to where he or she *wants to be*. One way to think about a good homework assignment is that it should address change at four levels

1. **Behavioral** – “What will you *do*?”
2. **Cognitive** – “How do you have *choice*?” or, “How are you *not a victim* to this problem?”
3. **Experiential** – “How will it *look, feel, and be different* when you know you are doing it?”
4. **Systemic** – “How can this be used in resolving *other* problems?”

Homework for **visitors**, make sure they are very, very simple and very, very likely to succeed, like

- "Notice when you are thinking you could make a change in things..."
- "Notice when you're a little nicer than you have been and what went better for you as a result..."
- "I think I understand things better now, and I agree that this is complicated. So, I'm hoping you will come back next week so we can take a more focused look at how to fix this"

Homework for **complainants**, offer ways to discover strengths, like

- "This week pay attention to all the times you *could* have argued, but were able *not* to, and write down one thing about each time that helped you *not* argue."
- "Pay attention this week to the signs that tell you that this problem can be solved."
- "Pick a day and, without telling your partner, act 'as if' the miracle happened. Do exactly what you would do if everything was going wonderfully."
- "When this could have happened but didn't, watch for things you think your partner did that were especially helpful."
- "When you find yourself in this spot again, do something different. Anything different could work. What are some things you can come up with now that might be different?"

Homework for **customers**, offer ways to find their own strengths and monitor their own progress, like,

- "Pay attention to the things that help you keep on track, head off problems productively, and feel like progress is being made."
- "Since you can't decide which approach to take to this problem, and I don't know which one will work the best either, we should do an experiment. Each day flip a quarter, heads its Solution A, tails it's Solution B, and *just for that day*, try the Solution picked and put in your absolute best effort. Take notes about how well it worked, paying attention to what went especially well, and then bring your notes in next time and we'll figure out which Solution works best."
- Use a "So the next step/task/objective/goal is for..." (Rather than a "So the problem/mistake/conflict/weakness is...") statement that fits their goals, followed by how hopeful you are that they can do that.

- For hesitant clients, suggest they do it for a week and then you can review it to see if they like the progress they are making, or if they have a better idea that this might help them generate... it's not a permanent solution, but rather *something different to try...*

Questions

1. **Getting Started**

- ✓ Be “not knowing.”
- ✓ Use client’s language - weave into next questions.
- ✓ Notice something positive about the client.
- ✓ Listen for what the client might want different.
- ✓ Accept what the client wants as valid and reasonable.
- ✓ Assume the client wants to cooperate.
- ✓ Ask for the client’s understanding of the situation.
- ✓ Listen for who and what are important to the client.
- ✓ If expectations for others seem unrealistic, ask: “How do you know he/she can do this?”
- ✓ Ask: “How can I help?”
- ✓ “How is this a problem for you?” Get problem description; if more than one, which is most important to work on first?
- ✓ “What have you tried? Was it helpful?”
- ✓ Start to the solution.

2. **Goal-Oriented Questions**

- ✓ What is your goal while you are here?
- ✓ What would you like to change?
- ✓ What would you like instead?
- ✓ What would have to be different as a result of our meeting today for you to say that our talking was worthwhile?

3. **Solution-Building Questions**

- ✓ Tell me about the times when this problem is a little bit better.
- ✓ Tell me about the most recent times when this happened.
- ✓ How did you do it?
- ✓ What are you doing differently during those times when things are a little bit better?
- ✓ What would your best friend say you do when things are going a little bit better for you?

4. **Miracle Question**

- ✓ Once asked, focus on *what will be different* when the miracle happens.
- ✓ Fantasy about the solution.
- ✓ Miracle is a means to a goal.
- ✓ “What will you notice that’s different? What will be the first thing that you notice? What else?”
- ✓ “Who else will notice when the miracle happens?”
- ✓ What do you need to do as a first step?

5. **Exception-Finding Questions**

- ✓ Times when parts of these solutions are happening?

- ✓ Every problem has an exception . . . capitalize and expand on them.
- ✓ Exceptions will replace problems.
- ✓ Resource model. Not deficiency model.

6. **Scaling Questions**

- ✓ How committed are you to solve the problem or find a solution?
- ✓ What would (your mom) say she needs to see you do, so she says you have moved up from a 2 to a 3? (This brings in absent members into the session).
- ✓ If 10 is when you are ready to move back into the community, and 1 was when you arrived into the program, where are you now?
- ✓ What tells you that you are at a 6?
- ✓ What would it take to move 1 point higher?
- ✓ How long will it take for you to get to a 6?
- ✓ What do you need to do to keep your 6?
- ✓ How come it's not a 1?
- ✓ Quantify feelings, attitudes, motivations and thoughts. Help express thoughts, feelings and attitudes that are difficult to put into words.
- ✓ Allow better conceptualization of present context and perspective.
- ✓ Focus on achievement and solutions.
- ✓ Instill a sense of change, progress and movement – client is in control of change and progress.
- ✓ With less verbal clients, use an incremental response scale (thermometer or faces: e.g., very sad, bit sad, neutral/so-so, happy, very happy. Or, calm, bothered, frustrated, a little mad, very mad, furious).

7. **On Track**

- ✓ Let's say in the next few days your goal is not *totally* happening *yet*, but you are confident you are *on track*, what would tell you that you were making progress?

8. **Summary/Bridging**

- ✓ Do you think that as *you continue* to do these things that you would be on track to getting what you want/need from me (the program)?

9. **Coping Questions** (Chronic situations such as mental illness, addiction, physical disabilities)

- ✓ How do you cope each day?
- ✓ How do you manage to get up, instead of staying in bed?
- ✓ How do you manage to stay sober?
- ✓ Looking for strengths and resources to amplify them.

10. **Ending**

- ✓ If client is concrete, give compliments and suggest: "In the next week, pick one day and pretend that the miracle has happened and look for what a difference it makes."
- ✓ If the client is not concrete, give compliments and suggest: "Think about what's happening in your life that tells you that this problem can be solved. And I'll do some thinking too."
- ✓ Observational tasks are common.

Stages of Solution Building

- ✓ Describing the Problem
- ✓ Developing Well-formed Goals
- ✓ Exploring Exceptions
- ✓ End-of-Session Feedback
- ✓ Evaluating Client Progress

Ask Clients

- ✓ What they would like to see changed?
- ✓ What will be different?
- ✓ About their perceptions of exceptions.

Brief Counseling in Action

- ✓ Concrete definition of the problem.
- ✓ Investigation of solutions attempted.
- ✓ Clear definition of steps toward a change.
- ✓ Formation and implementation of a plan for change.

The 5-D Model

1. **Develop** an image of a realistic solution.
2. **Discover** how and in what ways the solution is already in progress.
3. **Determine** small, measurable steps and goals toward the solution.
4. **Describe** thoughts, actions and feelings that can be utilized in attaining goals.
5. **Do** something to make a difference.

Resistance

- ✓ People sometimes do not follow plans, ***NOT*** because they don't want to . . . it's just that they haven't done these things before and are not in a pattern, ***yet!***
- ✓ Sometimes we need to help clients identify obstacles keeping them from being on the solution track.

Involuntary Clients

When a client is mandated or "referred" . . . the following questions are useful:

- ✓ What do ***you*** want from me (our program)?
- ✓ What does _____ want from you coming here?
- ✓ Is some of this something you want as well?
- ✓ When _____ says you do not have to come anymore, what will they say you are ***doing*** differently?

- ✓ When _____ says you are "*on track*" what will they say you are doing or doing differently?