

Solution Focused Brief Therapy

Olomouc 2010

- If at first, the idea is not absurd,
then there is no hope for it

Albert Einstein

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What makes life worth living

- Think about something that happened today since you got up this morning – something small you experienced – perhaps something that involved another person – a small experience or event that makes life worth living.

- I could imagine that you're the kind of person who is ... (2-3 compliments – good at ... great at ...)

Confidentiality

- Permission to show the tapes is given by our clients on the understanding that anyone watching the tape gives an undertaking to protect the confidentiality of the client and agrees not to talk about what they have seen in a way that could lead to the identity of the client being known.
- Should anyone recognize any of the people on a recording; could they let me know immediately.

Steve de Shazer and Insoo Kim Berg



There's nothing new under the sun

- I tried to forget everything I had learned from Freud and Adler, and just listen to everything my patients told me. And sometimes to single out the self-curative mechanisms available to them.
For example, I would ask: 'How is it possible that you overcame in just a week your intense fear of being away from home and in public places?'

- Viktor Frankl, on his beginning experiences as a psychotherapist in 1932 (pp.66-67)

People come

- Because they themselves think they have a problem or because someone around them - *with sufficient influence* - think they have a problem and ...
- They/the others want something to be "better".
 - either start doing something they don't think they can do
 - or stop doing something they do

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Phrased differently

- Central to all therapeutic work (all treatment) is the idea that things can be better

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- # Central Philosophy
- **Rule One** → If it works → Do more of it
 - **Rule Two** → If it doesn't work → Do something different
 - **Rule Three** → If it ain't broke → Don't fix it
 - The one who decides what works is the client
 - The one who decides what's broken or not broken is the client.
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The fourth rule

- If things are moving too slow;
slow down

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Basic assumptions about clients

- Clients do their best to co-operate
- Therapists have difficulties co-operating with people who come to get help, so...
- We need to work very hard to understand what the clients are telling us about their goals and their solutions.

– "It is the mark of an educated mind to be able to entertain a thought without accepting it."

– Aristotle (384-322 BC),

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- Clients and families do a lot of things that are good for them
- Change is inevitable
- Change happens easier through developing resources than through treating defects
- The step from the told (expected) problem-free story to actually living it is smaller than usually believed
 - **Each patient carries his own doctor inside him. They come to us not knowing that truth. We are at our best when we give the doctor who resides within each patient a chance to go to work.**

– Albert Schweitzer 1875-1965

- Laughter liberates and efficient therapy is often fun
- Laughter lures out resources
 - If you can't laugh at it - you can't take it seriously

– Anon.

- Clients are always parts of social systems
- Change always happen in social systems
- Change always happens and is always noted in interaction with other people

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Developing co-operation

- Clients are more than the sum of their problems.
- The problem is the problem – not the client

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- Find out what the client wants.
- Entertain the possibility that the client wants something that has nothing to do with why he/she has come to see you.
- Be clear about the difference between the clients' goal and the goal of your own organization. Don't mix them!

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- Hold on to the belief that there are always exceptions to be found.
- Pay attention to small changes
- Work with partial competence rather than partial incompetence.
- It is more important to pay attention to what the client tried than what he/she succeeded with.
- Give constructive feed-back.

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- Acknowledge limitations
- Acknowledge suffering and unjust treatments.
- Look at how people handled or resisted unjust treatments
- Listen for resources and competencies they have used to survive

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- Work as close as possible to the client's explanatory model and position.
- Work from inside the client's language and pattern of communication.
- "Yes and..." rather than "yes, but ..".

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- If what you're doing isn't working – do something different. Don't blame the client.
- Look at motivation as a part of your relationship (and your organizations relationship) with the client – not as something that lies inside the client.
 - "Resistance is the client's unique way of co-operation." (Steve de Shazer et al.)

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Listening

- The most helpful aspect of therapy according to clients is feeling that the therapist listened and tried to understand.

– Mark Hubble, Barry Duncan and Scott Miller (1999) *The Heart and Soul of Change*. American Psychologist Association. Washington D.C.

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Listening and theory

- We listen through the lenses of our theory. Theory helps us select useful information.
- Different theories - different themes.
 - Psychodynamic theories: We listen for early experiences and relationships. We listen for transference issues.
 - Cognitive theories: We listen for thought processes.
 - Systemic theories: We focus on relationships.
 - Etc...

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- Everything an interviewer does and says, and does not do and does not say is an intervention that could be therapeutic, non-therapeutic or counter-therapeutic.
 - Karl Tomm (Canadian family therapist)

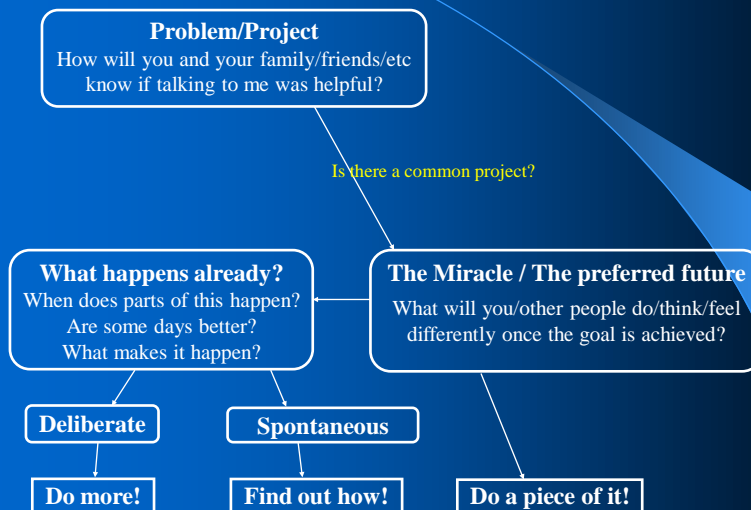
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Listening and solution focus

- Listen for what the client wants
- Listen for clues that it is possible for the client to get there
 - Listen for exceptions (when what the client wants is already happening)
 - Listen for signs of strength
 - Listen for resources
 - Listen for competency
 - Listen for achievement

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Central parts of the first session



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The common project

- **”What needs to be different in your life – today or tomorrow or the day after tomorrow – something small in what you think, feel or do – for you to be able to say that talking to me was helpful (sometimes you have to add: despite it not being your idea to come and see me)?**
 - (An alternative question is “What are your best hopes from this session?)

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- This question is a way to pave the way for the miracle question (or any question that has to do with creating a preferred future).
- Minimal requirements for the miracle question is that the client says that he believes things can be different.
- Should the client say that he doesn't believe that things could be better – which would indicate that things are as good as they can be – it becomes nonsense to ask the miracle question – or any goal oriented questions – so therapy can not start..

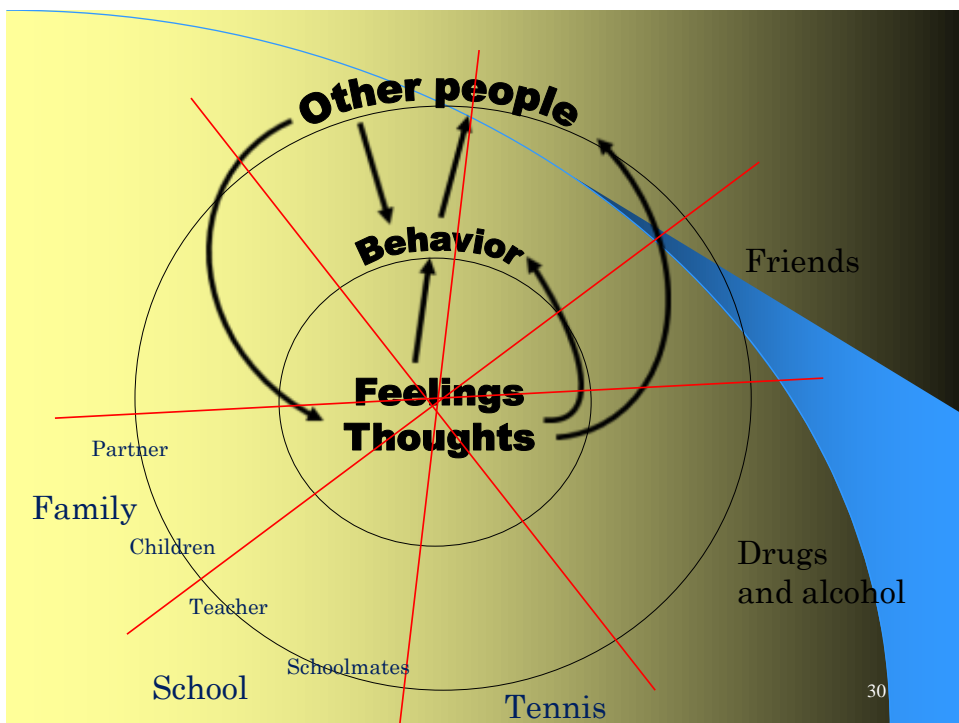
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The common project

- Important to the client
- Possible in the client's actual life-situation
- Ethical

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The “future perfect” should be at least as **thick** in its description as the problems.

- If you don't know where you are going, you'll probably end up somewhere else.

– Anon.

- If your train is on the wrong track – every station you come to is the wrong station.

– Bernard Malamud

- If you want to live a happy life, tie it to a goal. Not to people or things.

– Albert Einstein (1875-1955),

- You have to know what you want to find before you start to look for it.

– Pooh Bears Book Of Wisdom

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/Miracles / Preferred futures / / Future perfect / Goals / Useful goals

- **Important to the client**
- **Small**, rather than large
- **Being experienced** by the client as something requiring hard work
- **Realistic and achievable** in the context of the clients present life-situation

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- **Described in specific** concrete behavioral terms in ordinary daily activities
- **Described as the beginning** of something rather than the end of something
- **Described as the presence** of something in ordinary life rather than the absence of something

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The miracle question

“Is it ok if I ask a strange question? It requires some imagination”

Move the conversation from the therapy room into the client’s life by saying:

“After we talked here today you leave and you go do whatever you do on a day like this. Then as the day goes by you do what you usually do. Then you come home, you cook, you eat, watch TV, do what you usually do... (keep this up till the client nods).

“Then it gets late, you get tired, you go to bed and you fall asleep”. (short pause)

“Then during the night - while you’re sleeping - a miracle happens” (short pause)

“And not any miracle – it’s a miracle that makes the problem that brought you here today go away – just like that” (most therapists snap their finger here)

“But since you were sleeping you don’t know it happened”

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- *How do you discover that things are different – what is the first thing you notice after you wake up?*
- *What else would be a sign a miracle happened?*
- *What else would you be doing that you are not doing now?*
- *What else? +++++*

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- *How would your closest friend know a miracle happened without you telling him about it?*
- *How would your mother / father / son / daughter notice?*
- *How would you see on them that they noticed the difference in you?*
- *What else will be different in different areas of your life the day after the miracle?*
- *What else? +++++*

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Thick descriptions

- The thicker – the better – the easier to know how to get there
- Resist the urge **to tell the client what he needs to do** for the miracle to happen!!!
- Resist the urge **to ask the client what he needs to do** for the miracle to happen!!!
 - If you can't resist either of these - ask the client what his mother would advice him)

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Miracle question- follow up

- *"What will you be feeling/doing when you are not feeling/doing....?"*
- Some clients will talk a lot about feelings or different interior states; it's often helpful to ask:
- *"When you feel what will you be doing then?"* and/or
- *"How will NN know that you're feeling that ...?"*
- *"If I was a fly on the wall: how would I notice the difference?"*
- Most important:
 - *"What else?"* and
 - *"How will other people respond to that / be different then?"*

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The miracle scale

- *“Does parts of the miracle already happen sometimes – small bits of it – or for short moments?”*
- The miracle scale

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- *“If 10 means the day after the miracle, and 0 is when you decided to seek help – where are you on that scale today?”*

Then get all the details that makes the client put himself at that level and not at 0:

- *“What are you doing at that you didn't do at 0?”* ask for details and ask
- where would significant others put the client and what they see happening that tells them it's there and not at 0.

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- Add questions here around:
- **How and what the client did to make these things happen**
- Then clarify what would be the smallest difference that would tell the client that he/she has moved up one point on the scale:
“What would be a sign that you’ve moved to...”
- **Remember the connections between *feeling, thinking, doing and interaction***

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- General systems theory in every day life

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Four reasons for asking the miracle question:

- Knowing when to end
- Living the miracle
- Preparing for exceptions
- Creating a sense that things have already started moving



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Exceptions

- Exceptions are when things happen that are connected to goals and solutions rather than to what the client is complaining about

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Focus on exceptions

- **Exceptions create hope**
 - By focusing on what is possible
- **Exceptions shrink problems**
 - By creating nuances
- **Exceptions assumes and shows client capacity**
 - Since they already did it they can do it again

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Exceptions (more)

- There are always exceptions
- Even small exceptions are useful
- Every exception contains a key to a solution
- Stories built on exceptions have the advantage of being built upon what the client actually did
 - Since it really happened it has to be taken seriously

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Two kinds of exceptions

- Deliberate exceptions
 - Deliberate exceptions are exceptions the client can do whenever he wants to
- Spontaneous exceptions
 - Exceptions that occur out of the blue. Mysteries?? Not under voluntary control.

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- How do you know if you're having a good day?
- How do other people notice that it is a good day?
- What do you and other people do on the good days that distinguish them from bad days?

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Ask for detail

- What? Where? When? With whom?
- Who noticed? How?
- And what else? ++++ (details, details. details)
- How did you get yourself to do it?
- How come?
- How did you get the idea to do it that way?
- Who was most helpful?
 - How was he/she/they helpful?
- What else was helpful? +++++ (then start over)



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Use scales

- Scales is a tool to help talk more about
 - Preferred futures / goals
 - Exceptions and
 - Coping

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- Scales clarifies the vague and unclear
- Scales makes even clearer what is already clear
- Scales lead to resources

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This can be useful for clients, who

- can use scales to decide if they are doing the right things
- can use scales to decide if they are seeing someone who is helpful to them

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This can be useful for therapists

- **helps decide if he/she is being helpful**
- **helps decide if the client/family/patient still needs them**
- **Useful questions here can be:**
 - **How good is it?**
 - **How confident is the client that he can continue to do what is working for him?**

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Scales – wish and will

- **On a scale from 0 to 10 where 10 means... and 0 means ... Where are you?**
- **What are the chances that ...**
- **How much effort are you prepared to put into where 0 stands for sitting on your arse waiting for a miracle, and 10 stands for doing everything you can?**

Scales / self-confidence and self esteem

- 10 means you have as much self-confidence as anyone. 0 the opposite to that. Where are you on that scale?
- What is that makes you put it at x and not at 0?
- What else? +++++

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Scales / often useful

- How important is this relationship?
- What chances do you give this relationship?
- How much effort are you prepared to put into making this relationship work?

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Scales when it's really hard

- 10 means you **handled** this situation/event as well as anyone could have handled it – and 0 is the opposite to that. Where would you put yourself on that scale?
- 10 means you dealt with this as well as anyone could have ...

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Scales when it's better

- 10 means you are confident you can stay at x or get back to x. 0 means the opposite to that. Where are you on that scale today?
- What needs to happen – or what do you need to be able to do – to feel you're one step more confident?

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Scales / 1

- If 0 means when you decided to seek help and 10 is the day after the miracle / when you don't need to come here anymore.
- Where would you put yourself today?

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Scales / 2

- What are you doing at x that you were not doing at 0?
 - What else are you doing? +++++
- Where would your best friend put you?
- What does he/she see?
 - What else does he/she see? +++++
- What did you do that helped you get from 0 to X?
 - What else did you do? +++++ (what did other people do?)
- What would be a sign that you've gotten 1/2 step higher?
 - How would your best friend notice?
 - What else would/will he/she notice? +++++

Scales – traps to avoid

- Don't try pushing/moving someone on a scale.
 - Accept the client's answer.
 - Try and make sense of it.
- Don't try to create descriptions of "better" too quickly.
 - It's almost always more constructive to work with "confidence in being able to keep x .."

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More examples of scaling questions:

- If 100 is that you are your ideal person, how close to 100 are you today?
- If 0 means the worst you've ever been and 10 means the problem is gone or it's the day after the miracle - where are you at today?
- If 0 stands for as bad as when you decided you needed therapy, and 10 means you're finished with therapy - where are you at now?
 - The number of possible questions is limited only by the therapist's imagination.

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Possibilities for follow-up questions. A few ways :

- "If I asked your spouse/your parents/your kids/your neighbors where they would say you are at on this scale - what would they answer?"
 - "What do you think they see that you don't see?" (when the client places himself lower than them).
 - "What do you think you see that they don't see?" (when the client places himself higher than them).
- "How will your spouse/your parents/your kids/your neighbours notice when you're one step higher on the scale?"
 - "Who will notice it first?"
 - "What will he do or say then?"

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Scaling questions for clarification of wishes and will:

- "How important is this relationship to you on a 10-grade scale"?
- "If 10 stands for you being prepared to do anything to solve this problem, and 0 stands for the opposite, where are you at today?"
- "If 10 stands for you being 100% sure that you are able to deal with the rest of this problem, and 0 stands for the opposite, where are you at today?"
- "What do you need to feel/think that you can handle to get half a step higher?"
- "Do you have any idea what might help you get half a step higher?"

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Vagueness and scales

- **Vague complaints, problems and goals**
- Scales is the only (?) way you can do brief therapy.

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Scales and go slow

- **Remember that** before asking what “higher” means – spend a lot of time figuring out what it is that is different that makes the client put himself where he is at, and don't forget to ask the client **How** he's gotten to where he has gotten.
- This is where you get to all the useful resources and competencies.

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Coping questions

- When you're dealing with chronic situations, for instance long term chronic illness or acute and serious crisis situations, questions about goals and exceptions may not fit. There are situations where it is not possible to use the word "better". Some parents are extremely preoccupied with their children's self-destructive behavior (drugs, anorexia etc) and the suffering this is causing them. These parents can have difficulties at least initially to think forward. In these situations future oriented questions focusing on change won't fit and may even damage cooperation.

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Coping - questions

- Acute crisis, terminal conditions etc.
- Focuses the conversation on constructive and useful things the client is doing without minimizing
- Elicits resources and competence.
 - How did you cope with that situation?
 - How did you deal with that situation?
 - How did you get yourself out of bed?
 - What did you do to survive?
 - Where did you find the strengths?

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How to create interventions

1. **Agree with the client:**
 - "The client is always right!"
2. **Agree with the clients' goal:**
 - Repeat the part on well-formed goals.
3. **Use the clients' language:**
 - Pay attention to idiosyncrasies
 - Use the clients' words and build the clients worldview into the message.
4. **How to deliver the message:**
 - Go slowly! Adapt the speed to the clients' reactions.
 - Build a "yes-set".
5. **Give compliments:**
 - What is the client doing that is good for him.
 - What is the client doing that is helping him move towards his goals.

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6. **Give an explanation for the task:**
 - The client should understand why you are asking them to do something
 - A few ways:
 - we agree that ...
 - because ...
 - since ...
 - part of the team thinks ...
1. **When you are considering what task to give**
 - Consider the type of relationship that is developing with the client.
 - Emphasize that it is going to require "hard work!"

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- Apply the Central philosophy:
 - If the **miracle is very well described**: Ask the client to try to do it or pretend it happened. If the client isn't very confident he can do it – ask him to toss a coin and let the coin decide if he should try that day. It's often enough with an hour in the morning and notice what difference it makes then and the rest of the day.
 - If the exceptions are **deliberate**: Ask the client to try to do them and see what difference it makes.
 - If the exceptions are **spontaneous** and you have a **complainant relationship**: Ask the client to pay attention to when they happen and figure out what makes them happen.
 - If the exceptions are **spontaneous** and you have a **customer-relationship**: Ask the client to predict if they will happen and think about the differences.
 - If the goal is vague or unclear: Formula First Session Task (FFST).
 - If you have a visitor-relationship: Compliments only.
- All the rules can be found in Steve de Shazer "Clues". Norton

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Three useful tasks (from within the brief therapy tradition)

- **The Formula First Session Task:**
 - Until we meet next time I think it could be useful if you paid attention to anything that happens in your life that you would like to continue to have happen in the future when this problem is solved.
- **The overcoming urges task:**
 - Until we meet next time I think it could be useful if you paid attention to when you're successful in overcoming the urge to drink/binge/do drugs/ beat yourself with a whip/etc. Take notes in whatever way is best for you so you can tell me about it next time we meet.

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- **The write-read and burn task:**

- Take 10-20 minutes every day for yourself – use an egg clock or something – with paper and pen.

- On odd days – write down all your troubling thoughts – all your ruminating – for as long as you’ve decided in advance.

- On even days – same time – and same amount of time – sit down with your notes from the day before.

- Look at all the thoughts and divide them up in two piles. One with things that you think you need to think some more about and one with the things you want to stop thinking about. When the bell rings – take the pile with what you want to stop thinking about and burn it.

- And – very important – whenever you get the thoughts in the day – say to yourself – I’ll think about this tonight during my rumination time.

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- Remember that the difference between a voluntary client and an involuntary one is often very small. A lot of times it is simply that people don’t like to be told what to do. Think about the teenager who when forced to do something does **as little as possible** and when he/she does something he/she has chosen himself does **as much as possible**.

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Negotiating goals with the involuntary client

- Whose idea was it that you should come here today?
- What do you think NN hopes will be different as a result of him/her sending you here today?
 - What will have to be different after this session - something small – for NN to think it was a good idea he sent you here today?
 - What needs to be different after this session – something small – for you to think it was a good idea seeing me – despite it not being your idea (despite being forced to come)?
- What makes NN think you need to see me?

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- What does NN think is the reason you have this problem?
- What do you suppose NN would say is the smallest thing you need to do differently?
- What do you suppose needs to be different so NN thinks you don't need to come here anymore?
 - When was the last time you did this?
 - What was different in your life then?
 - How did you do that?
 - What do you think NN would say was different about you then?
 - What helped you start doing that?

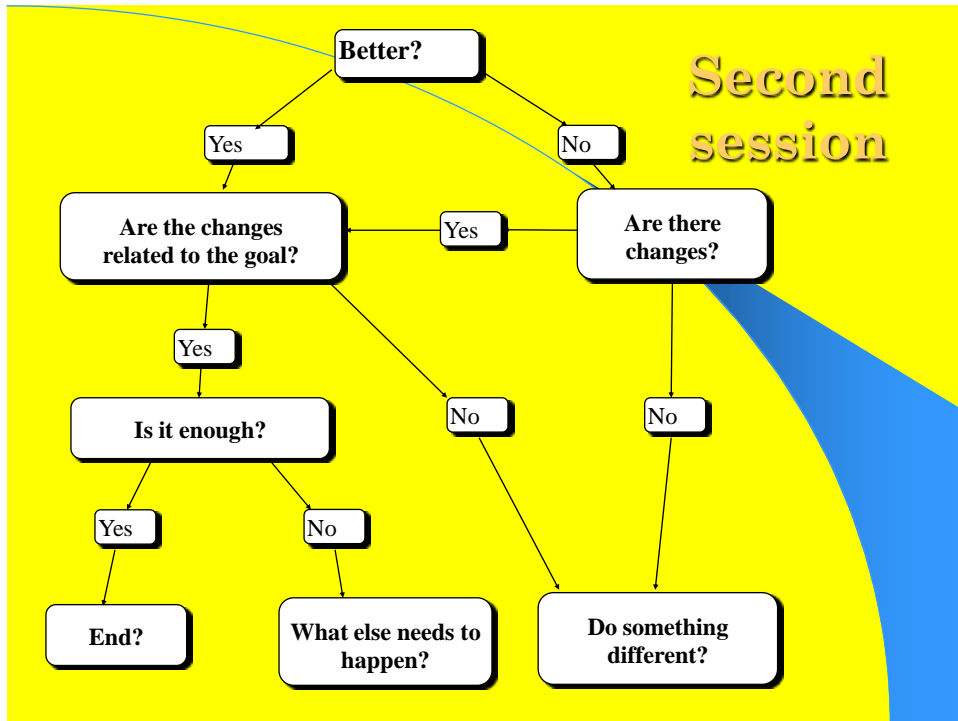
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- What do you think would be a small sign that you started?
 - What would be the first step?
 - How confident are you that you could do this – if you wanted to? (scale)
 - What do you think needs to happen for you to be one step higher on confidence?
 - How high do you think NN would rate you on this?
 - If NN lower you can try: What is it you know about yourself that NN doesn't know?
 - What are the chances that you'll do it?
 - How high do you think NN would rate you?

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- What do you think NN will notice when/if you do this?
- Would doing this have any influence on other parts of your life (school, work, family, friends, tennis, sex)?
 - If so: What? What else? ++++++
- How will you know that you've done enough?
 - Who will notice it first?
 - How will he/they be different towards you then?
 - What else will be different?
- How badly do you want to do this?

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Maintaining and following up goals

- Remember the difference between
 - What is better?
 - How did you do it?
 - Why did you do it?
 - What did other people do that was helpful?
- And remember
 - you never know what you asked until you hear the answer

Some questions

- What is better?
- What have you done since we met that has been good for you?
- Has he done something that surprised you lately?
- What has been going well since we last met?
- In what ways has this last week been different compared to previous weeks?
- How come this last week is better than the weeks before?

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- Is this something you did before? - No!!!?
How did you get the idea to do it this way?
- How many good days did you have since we met? - Only one you say - What did you do that day that was good for you? or How come you succeeded in having one day?
- What else is better

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- **How did you do it?**
 - How did you succeed in stopping... doing... keeping calm... thinking first... ?
 - How did you know it was the right thing to do?
 - What do you think your (husband, employer, friends, etc) would say you did differently that was helpful to you?
- **What difference does it make?**
 - How is this relapse different than the one before?
 - What do you know about yourself now that you didn't know before?

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- **What do you need to do now?**
 - What do you think your best friend (husband etc) would say you need to do now to maintain this change?
 - What difference will it make in your life?
 - How confident are you that you can keep this up?
 - What do you know about yourself that makes you put it there? What else?
- **What did you learn about yourself through this?**

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The Relationship

- The customer-relationship
 - There is a complaint or problem AND the client wants to DO something about it
- The complainant-relationship
 - There is a complaint
- The visitor-relationship
 - The client doesn't complain about anything
 - except maybe being forced to come (in which case it is no longer a visitor-relationship. It is a complainant relationship)

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Occam's razor

- Entia non sunt multiplicanda praeter necessitatem.
 - No more things should be presumed to exist than are absolutely necessary

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Quotes

- "One of the lessons of history is that nothing is often a good thing to do and always a clever thing to say"
 - Will Durant, 1885-1981
American Historian