CENTRE FOR COMMUNITY WELFARE TRAINING

Solution-Focused Brief Therapy

Participants Notes

DEFINING AN OUTCOME TO WORK TOWARDS

Exercise in pairs*. One person to interview the other using the questions below. Take your time. Try to get as much CONCRETE and DETAILED information as you can for each question.*

1. How did you decide to come to this course? What helped you decide you were ready for this course — that this was the right time?

2. How will you know at the end of these two days that this course has been useful for you? What will be ONE THING that will be different — something small — as you travel home tomorrow, that will tell you that this training was useful?

   (Be persistent. Ask questions to get a detailed picture of SMALL differences).

3. What do you imagine you will see yourself doing in the next few weeks that will show this training was useful?

   (Ask questions to encourage the person to be as specific as possible about what she/he will be DOING!)

   (Ask "What will your colleagues notice?" and "What will your clients notice?")

   (Ask "How will that make a difference?" and "What else will you be doing?" … again and again!)

4. On a scale of 0 to 10, where 0 is "I have no idea about Solution-Focused Brief Therapy" and 10 is "I'm completely confident with Solution-Focused Brief Therapy", where are you on that scale?

   What do you do that shows you are at "x" (that number) and not lower? How did you get from zero to "x"?

5. Realistically, where do you hope to be on that scale by the end of this training course?

6. What will be different about being at that point on the scale? What will show you are there? What will you be doing differently in your work when you get to that point?

STRENGTHS INTERVIEW

INTERVIEWEE — Think of a time at work or elsewhere in your life where you were feeling overwhelmed at the thought of something you were facing, where you were sure you would not be able to get yourself to get through the task or situation … but where (perhaps to your surprise) you actually managed it okay; you coped or you survived.

INTERVIEWER — GENTLY ask your colleague about the experience, using the following questions. Try to get a RICH and detailed picture of how the person managed/coped/survived …

1. Ask your colleague for a BRIEF description of the experience (two sentences maximum!).

2. Ask your colleague about "how come" he/she managed the situation okay or how he/she managed to cope with the situation. What did HE/SHE do that contributed to being able to get through it? (Get as much SPECIFIC information as possible. Go slowly and ask LOTS of times — "WHAT ELSE did you do to cope? How did you do that?")

3. Ask your colleague what this says about his/her strengths and skills as a counsellor or worker (or, depending on the situation chosen, as a parent, as a partner, as a person, etc.). How are these strengths shown in the story of this experience?

4. Ask your colleague in what other ways and what other situations these strengths and skills are shown? How might these strengths be obvious to the people she/he works with, lives with, associates with?

5. Ask your colleague how long these strengths and qualities have been there? How did they develop?

6. Ask your colleague what will be DIFFERENT in her/his work or life that will show that these strengths are growing or being built upon.

CASE EXAMPLE
STEVE de SHAZER INTERVIEWS NAOMI

Opening —

"Thank you for coming.

I hope that this will turn out to be useful for you.

Of course, there's no guarantee about that.

What I can guarantee is that I will do my best … and I assume that you will too … and together we'll see what happens."

"So, what needs to happen here for you to know that coming here was worthwhile?"

(**BETTER —** "How will you know that coming here has been worthwhile?")

A STRENGTHS-PERSPECTIVE?

Modern psychology has been co-opted by the disease model. We've become too preoccupied with repairing damage when our focus should be on building strength and resilience ... I want to remind our field that it has been side-tracked. Psychology is not just the study of weakness and damage, it is also the study of strength and virtue. Treatment is not just fixing what is broken, it is nurturing what is best within ourselves.

— Martin Seligman, Past President of American Psychological Association(1998)

Operating from a … strengths perspective, we are reminded how important it is to focus on how [clients] can succeed rather than get lost in endless discussions of why they fail. … One advantage of this type of perspective is that it tends to change the nature of what one finds in [clients]. Simply stated, if one studies only [clients'] problems, one finds only problems. Similarly, if educators, community organisers, therapists and researchers are interested in [clients'] strengths, they look for them. When these strengths are identified, they can become the foundation for continued growth and positive change in [clients] and society.

— DeFrain (1999) Strong families around the world, p13.

The idea has gradually entered the social sciences and the helping disciplines that human wellness and resilience are the proper parameters for a framework for understanding how people may assist one another. This perspective assumes that most of the time, people adapt to significant challenges in their lives in ways that provide them with renewed strength and energy. The central focus is on identifying ways that people successfully transform stressors into challenges and emerge from difficulties while having been strengthened from the process. Similarly, the central focus of efforts to assist people under stress involves identifying ways to provide assistance in such a fashion as to minimize suffering and maximize future adaptability. In this framework, help-giving is effective if it strengthens a person's ability to cope with new stressors; that is, it makes a person more resilient."

— Singer & Powers (1993) Contributing to resilience in families. p7.

Unlike traditional approaches which … end up focusing on a person's needs, problems and weaknesses, the strengths model is concerned with helping people clarify their dreams, define their goals and work towards an achievement agenda. … Workers collaborate with the person to awaken dreams and aspirations and use knowledge of past and current individual strengths as well as community strengths and resources to assist them in making steps toward achievement. Dreams are just that without goals and plans. The goal planning process is vital to achieving desired outcomes for the individual. Goals must be owned by the person and have true meaning and vitality for them.

— Rapp. (1998) The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness

RESILIENCE

Dr Norman Garmezy, academic psychiatry researcher, explored the concept of RESILIENCE.

After conducting ground-breaking research on adaptive and maladaptive performance of adults with schizophrenia, Garmezy and his colleagues studied children of parents with schizophrenia to determine their risk for developing the illness. They found that having a parent with schizophrenia does increase one's risk for the illness to a statistically highly significant degree.

General population — Incidence of schizophrenia: about 1% The risk is 1 in 100!	People with a parent with the illness — Incidence of schizophrenia: about 10% The risk is 1 in 10! (statistically much greater!!)

HOWEVER — that still means that 90% don't get the illness !!

What impressed them most was that about 90% of their subjects — despite being at this greater risk — did NOT develop the illness.

"These children upset our prediction tables and in childhood bear the visible indices that are hallmarks of competence ... Were we to study the forces that move such children to survival and to adaptation, the long range benefits to our society might be far more significant than our many efforts to construct models of primary prevention designed to curtail the incidence of vulnerability." — (Garmezy, 1971)

Garmezy observes that all the effort then goes into studying the 10% who get the illness, and designing programs that seek to combat these risks — rather than studying the 90% who are naturally protected from the illness (despite their statistically greater risk) and seeking ways to harness whatever these strength or resilience factors are.

"We say we are interested in mental health …Yet, all we study is mental illness!" — Garmezy

Our "typical" model of problem-solving:

Identify the "risk factors" (or the problems)

then … analyse them … how do we prevent (or fix) them????

Garmezy proposes, as a model for psychiatry (or for trying to achieve CHANGE):

Identify the "resilience factors" (or strengths)

then … how do we harness them???????

A SCHOOL BUILDS ON RESILIENCE

La Cima Middle School, Tucson, Arizona — building on "resilience"

La Cima is a middle school (Years 6–9), serving about 750 students from a culturally and economically disadvantaged community in inner-city Tucson. The school was aware of a significant increase in problems relating to drug and alcohol use in the student population and an increase in violence (including weapons brought to school). As part of the Tucson Resiliency Initiative, the school aimed to address these problems from a "resilience perspective" rather than from an "at risk" perspective. The program specifically targets resilience factors that are seen to mitigate traditional "risk factors" that are seen to lead to substance abuse and mental health issues.

"We're all 'at-risk' in this day and age. As educators, that leads us to feeling stressed, discouraged, possibly even burned out. By focusing on resiliency, we can turn that lens around. We can work with protective factors — strengths, assets in students and ourselves. We can focus on what does work, instead of getting stuck on, and frustrated by, what doesn't work." — Phil Woodall, Principal

The project does not appear to be a comprehensive, structured program but rather a framework that informs educational and school welfare practice. The school agreed that EVERYTHING relating to curriculum, to administration, to sport, to welfare & discipline would start from the question – **HOW DOES THIS HARNESS OR PROMOTE RESILIENCE IN STUDENTS and/or STAFF?**

Former Principal Phil Woodall describes the importance of a commitment to resilience-oriented professional development and resilience-influenced practices, including regular individual coaching/mentoring of teachers in resiliency thinking and practice.

Embracing a resiliency approach … opens the door to promising practices built on strengths-based research. Within a resiliency approach, concerns about academic performance and mental health/safety in schools are addressed together, in concert with one another, rather than treated as competing priorities. … School staff used their knowledge and understanding about resiliency to review the many challenges that they, as educators, and their students faced. — Oddone, 2002

By the end of the first 5 years of applying resiliency thinking at La Cima —

- The school achieved the highest test scores among any middle school in the district.
- Out-of-school suspensions were reduced from 175 in year 1 to 17 in year 5 –a 90% decrease and the lowest out-of-school suspension rate in the district
- Overall discipline referrals decreased dramatically.
- There was zero staff turnover (not including those who left motivated by personal circumstances – e.g., to accompany a spouse who was transferred).

A STRENGTHS APPROACH

Approaches in the human services fields which claim a focus on strengths have developed systematically relatively recently, as a reaction against models that were increasingly deficit- and weakness-based. The history of psychology (and social work) is a history of identifying and seeking to "fix" weakness or damage. This is understandable — both professions exist BECAUSE people have problems, difficulties and failings.

The term "The Strengths Model" was first used by Charles Rapp and his colleagues, who developed an approach to working with people suffering severe and persistent mental illness. Case-managing and supporting these people as they were reintegrated into the community, Rapp and his colleagues pioneered an approach that sought to identify and build on the strengths of the client and the family or community rather than seeking to remediate or prevent potential or actual problems.

The "strengths perspective" was a phrase coined at the University of Kansas School of Social Welfare in the late 1980s — this is a perspective we bring to the differing kinds of work we do.

Thus, various people have begun to pursue the broader implications of an emphasis on strengths. The fundamental idea of the strengths perspective is that people's behaviour, relationships and emotions can change as a result of a focus on harnessing strength rather than requiring an examination and repair of the problem, difficulty or deficit.

The strengths perspective/solution focus is not:

- An approach that denies or removes the reality and pain of difficulties and problems
- About being naively optimistic about situations
- The same as "just being positive"

The strengths perspective and a solution-focused approach are much more difficult to practice than to explain because:

- In 'our culture' we tend to look for causes and ask why? — believing that this is somehow essential to change The base of assumptions we use to operate 'efficiently' with is largely unconscious and out of our awareness
- The same cause and effect thinking works as a red herring, entangling us in vicious cycle where at times our efforts to understand the problem inadvertently feed the cycle

Operating from a … strengths perspective, we are reminded how important it is to focus on how [clients] can succeed rather than get lost in endless discussions of why they fail. … — DeFrain, 1999

"How?" *rather than* **"Why?"**

In a Strengths or Solution-Focused approach, we are much more likely to ask "How?" questions than "Why?" questions.

SOLUTION-FOCUSED BRIEF THERAPY

Solution-focused brief therapy (SFBT) suggests a fundamental rethinking of how we approach counselling, since it suggests that "solutions" are not necessarily linked to apparent "problems" — the "problem-solution discontinuity"

Solutions are part of a different language game that may be unconnected to the problems language game. ... The lack of connection between problems-focused and solution-focused language games is central to the practice of solution-focused therapy. — Miller & de Shazer, 1998

That is, the problem or difficulty which brings clients to therapy need not determine the direction in which the discussion proceeds. Rather, recognising that clients wish things to be different, SFBT embarks upon an exploration and elaboration of that difference, focussing on things going well rather than things going wrong.

The idea that we can talk ourselves into solutions and the related notion that we talk ourselves into our problems are sometimes difficult for therapists — and others — to accept. These claims sound overly glib to some people, and even disrespectful of clients' concerns and experiences. But these reservations are products of their own language games and social contexts. Within the Wittgensteinian language game, however, the idea that we talk ourselves into problems and solutions is obvious and even a matter of common sense. We construct problems by interpreting and describing aspects of our lives as undesired conditions that we wish to change. And we sustain our problems by continuing to talk in this way. We talk ourselves into solutions by changing how we interpret and describe our lives. — Miller & de Shazer, 1998

In 1984, de Shazer and Molnar outlined a first-session-task that was routinely being given to clients regardless of the nature of the presenting problem.

"Between now and the next time we meet, we (I) want you to observe, so that you can tell us (me) next time, what happens in your (life, marriage, family, or relationship) that you want to continue to have happen" — de Shazer & Molnar, 1984, p. 298

They discovered that, in a significant number of cases, concrete changes occurred between the giving of this task and the following session.

With surprising frequency (50 of 56 in a follow-up survey), most clients notice things they want to have continue and many (45 of the 50) describe at least one of these as "new or different." Thus, things are on the way to solution; concrete, observable changes have happened (de Shazer et al., 1986, p. 217).

WHAT'S ALREADY BETTER?

Weiner-Davis, de Shazer and Gingerich (1987) conducted research which was foundational to the development of the Solution-Focused approach.

When clients arrived for therapy, the first question they asked was

> "Many times people notice in between the time they make the appointment for therapy and the first session that things already seem different. What have you noticed about your situation?"

They found that two-thirds of clients reported some "Pre-treatment change".

They then asked these clients —

> "Do these changes relate to the reason you came for therapy?" and "Are these the kinds of changes you would like to continue to have happen?"

Every client who reported Pre-treatment Change answered "yes" to these subsequent questions. This means that — at least in part — "they had already achieved what they wanted to achieve by coming to therapy".

Thus, the therapeutic task fundamentally changes.

It is no longer, "How do we solve your problem?"

It is now, "How can we build on the successes you have already had?"

(The authors report that, although one-third of clients initially reported observing no Pre-treatment Change when asked at the beginning of the first session, "it was quite common for these clients to recall pretreatment changes later in the session".)

CASE EXAMPLE

What did you notice about the client during the interview? How did the client BEGIN to change?	What did you notice about the things the therapist did (or didn't do)?

HOW DO PEOPLE CHANGE?

Change happens by people experiencing themselves as competent and successful

Clients are "stuck" in a view of themselves as incompetent, not responsible, victims or powerless. This might be seen in terms of "learned helplessness" (Seligman). A view of self as hopeless, helpless or beyond caring tends to become self-fulfilling.

There is ample research that positive outcome is related to an increase in clients' optimism about their situation and that optimism is related to the development of goals.

Change comes not from understanding why I got to where I am but from seeing myself differently and seeing the possibility of change. Seeing oneself (or situation) differently can be a result of

- experiencing oneself acting differently,
- recognising times one is already acting differently, and/or
- constructing a picture of what different behaviour can be like.

Thus, our work with clients seeks to maximise opportunities for experiencing or noticing success and difference.

TWO QUESTIONS … ASK THEM OFTEN!!

How did you do that? How did that make a difference?

What else? (What else was different? What else did you do on that day? etc. …)

PRINCIPLES OF A SOLUTION-FOCUS

Asks “What’s working?” rather than “What’s the problem?”

Asks “How do we want things to be?” rather than “What needs to change?”

A focus on what’s working

When are things better?

When is it working (even just a bit)?

How are you doing that?

It sounds terrible …when are the times you feel like you handle it even a bit better?

How do you do that?

How does that make a difference?

A focus on future success

What will be the first sign to you that things are getting better?

How do you want things to be?

So when you are handling this the way you want to, what will be happening? What will you be doing differently? What will your supervisee notice that is different about you?

Let’s imagine that this difficulty is solved … what will be happening? How will you know? (develop a PICTURE in detail of what it will be like).

Assuming movement and change

On a scale of zero to ten, where 0 is “I can’t do this” and 10 is “I’m on top of things” … where are you?

What tells you you are at 3 and not at 0? How did you get to 3?

What will be happening when you are one step higher on the scale?

Who will notice? What will they notice?

What’s the highest you have ever been? How did you do that?

What do we need to do to help you move up the scale?

Constructing views of competence —

I. CREATING A CONTEXT FOR CHANGE

The way we BEGIN sets the context. "What brings you here?" is really "What is the problem that is NOT changing?" How can we begin in a way that says "The purpose (or expectation) of this conversation is that something will CHANGE"?

Creating a "common project" (a project for client and therapist) —

> "How will you know that coming here today was useful?"
>
> "What will be different – today, tomorrow or the day after tomorrow – something small in how you think or feel or what you do – that will tell you that talking to me today was helpful? … (even if it wasn't your idea to come)?"
>
> "What are your best hopes from this meeting?" — (Version from BRIEF in London)

If a person is capable of describing a problem, that person is also capable of describing something that is (or would be) better. It is important to talk in terms of the PRESENCE of something rather than the ABSENCE of something. "I will feel happier" rather than "I won't feel depressed". This leads to questions such as "how will that make a difference?", "what will people see you doing that will tell them you are happier?", etc.

"… After a while clients realize that even though the structure [of the interview] was what they expected the content was different. The solution-focused interviewer did not gather information about what was wrong. Instead s/he gathered information about what the client wants to be different and what the client and other people are already doing to make it happen. The solution-focused interview is a goal-focused interview. When people bring up a problem we see this as a way to express that they want something to be different in their lives – they want to think, do or feel something other than what they experience as their problem. When someone talks about something that is problematic to them there are always at least two possibilities.

The interviewer can try to figure out more of what the client thinks about the problem or can try to figure out what the client wants/hopes will be different. The solution- focused interviewer will always choose to try and figure out what the client hopes will be different.

It is also much easier to develop a respectful relationship with someone when the focus is on that person's goal. The reason for this is simply that problems – talking about problems – will highlight the person's deficits and lack of resources while talking about the person's goal will highlight competency and skills. These are the things that make it possible to start a therapy session with a focus on what the client wants to achieve rather than on the problems that brought the person to see us. THE SHIFT IS DRAMATIC."

When we listen carefully not only to the words that the client uses but also to the way s/he talks, we quickly learn to know when we are in a dialogue where we have a common project – a platform for the miracle question – and if we can start creating a miracle picture. When the client has an idea about what s/he will start to DO, FEEL, THINK if talking to us was helpful – when there is a direction for change – a purpose in the conversation – then this purpose, this idea about a less problematic future becomes the platform for the miracle question."

— Harry Korman, SIKT *The Common Project – June 2004*

By asking about the desired OUTCOME, we are implying that change will happen. We are asking "what WILL be happening" rather than "How are you going to do it?" —which is very different.

Constructing views of competence —

II. QUESTIONS ABOUT WHAT IS WORKING

Identifying strengths, resilience and coping

At the very least, the strengths perspective obligates workers to understand that, however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles. People are always working on their situations, even if just deciding to be resigned to them; as helpers we must tap into that work, elucidate it, find and build on its possibilities. (Saleebey, 1996).

- How have you managed to deal with these things so far? What's been your approach? What difference has this made?
- What's different when things are going better?
- How do you keep going??
- Given everything that's going on, how come things are not worse?
- Yes, I can imagine there must be times when you just feel like running away from it all. What stops you?

Signs of success — Exceptions to the problem

Exception questions not only uncover the absence of negative behaviours, but are instrumental in discovering the presence of safe and constructive behaviours. It is important that, when the [person] describes such behaviour, the [teacher] asks questions that assist in enlarging the description into a complete picture, including the 'when, where, how and what' of the incident. (Turnell & Edwards, 1999, p. 58)

- You said earlier that it's not always like this. Can you tell me more about the other times?
- What's different the times you get angry but don't hit someone?
- When was the last time you felt like you had enough energy to get on better at sport? How were you able to do that?
- I know you feel caught in the middle and sometimes you're not sure who's right. Tell me about the times you HAVE been able to do what you wanted rather than what the other guys told you.
- So, there was a day when you DID remember to bring your textbook ... what was different that day? How did you do that?

NOTE: "Exceptions questions" is where Solution Focused Brief Therapy began. "Solution" was either when the problem wasn't there or was being handled differently and the aim of therapy was to promote MORE OF those differences. In a sense "Solution" was still related to "Problem". More recently, Solution Focused Brief Therapy has become less exceptions-focused and more future-focused. Nonetheless, the focus on exceptions underlines the focus on DIFFERENCE, which remains an essential aspect of the approach.

Constructing views of competence —

III. THE FUTURE WITHOUT THE PROBLEM

The most useful way to decide which door can be opened to get to a solution is by getting a description of

— *what the client will be doing differently and/or*

— *what sorts of things will be happening that are different*

when the problem is solved, thus creating the expectation of beneficial change. (de Shazer, 1985.)

Future-focused questions invite the client to build a picture of what the "solution" will be like. Putting aside (for the moment) the question of "How will you achieve that?", the Future-Focused questions concentrate on "What will that be like?". As such, the client is envisioning — and in some ways rehearsing — being different.

- What will be the first sign to you that you are beginning to handle this situation better?
- So, let's imagine that — next time you come to Science — I don't have to worry about you behaving recklessly in the Lab ... what will be different? How would I know?
- Okay, so you haven't brought your textbook ... so I guess you can't do what we had planned for the rest of the class ... but, anyway, at the end of the lesson, how will you know it has still been a useful period for you?
- When you and Mr Jones have put this behind you, and you are back in class, getting on with your Maths, what will be happening?
- So, what will be happening when this isn't a problem anymore?
- How will you know that you are being more confident?

Future focused questions ask NOT "What is causing this problem?"; rather, they ask "What will be happening WHEN it is better?" — thus, they invite people to begin to look forward to things being different.

> *The first step into possibility is just imagining and describing in detail a more satisfactory future. In so doing the client begins to challenge the domination of the problem in their life as they construct an image of new possibilities.* — Evan George from BRIEF on Twitter, 18/12/20

The move from Exceptions-focused to Future-focused means that "solution" becomes "how you want things (your life) to be" rather than "absence of problem" ... that is, our conversations are OUTCOME focused, about where we are heading (or where we want to be heading). The desired outcome (or "preferred future") is now MUCH more than just the removal or absence of the problem.

Miracle question …

*"Lets imagine … that after you leave here, you go home, you do whatever you would normally do tonight, you go to bed, you go to sleep … and while you are asleep a miracle happens … and the problem(s) that brought you here are solved … but, because you are asleep, you can't know this miracle was happening … so, tomorrow morning, how will you know that the miracle has happened? What will be different that will tell you this miracle has occurred? What will you be doing differently??***"**

Leads to detailed exploration of how the "miracle state" will be different — What will the client be doing differently?, How will she be doing it?, How will it make a difference?, How will other people respond?, How will their responses make a difference?, etc. The aim is to make the "picture" of the future state as "real" as possible.

Structure of the Miracle Question

- "I'm going to ask you a strange question …" — *Flagging a change in focus*
- "Let's imagine … let's pretend … let's suppose …" — *introduces the hypothetical nature of the question*
- "that you go home from here, do whatever you normally do, have dinner … and eventually you go to bed … and you go to sleep …" — *the context for the miracle is the clients' ordinary, everyday life*
- "and, while you are asleep, a miracle happens …"
- "and the problems that brought you here are solved" (or "the reason they sent you here is solved") — *the question is focused on the reason client and therapist are having THIS conversation. It is not a "three wishes" question about everything in life being wonderful*
- "because you are asleep, you can't know the miracle has happened"
- "what will be different that will tell you that this miracle happened? How will you discover the miracle has happened?" — *asks about specific differences*

NOTE: The "common project" question ("How will you know that coming here has been useful?") can provide a platform for the miracle conversation.

"How will you know that coming here has been useful?"

"I'll feel better about myself."

...

" So, let's imagine ... and while you're asleep, a miracle happens, and — all of a sudden — you feel better about yourself ... but this happens while you are sleeping, so you don't know it's happening ... so, the next morning, how will you find out the miracle has happened?"

GOALS — "WORKING TOWARDS" vs "WORKING ON"

In many approaches to therapy, "goals" are considered important. However, goals may be thought about in different ways.

Commonly, goals represent a problem focus. They are framed in terms of "what (problems) the person wants to, or needs to, work on," "what issues need to be addressed," "what behaviours we need to change," and so on. That is, the goals typically relate to getting rid of some problem or changing some problem situation. No matter how benignly they might be expressed, goals framed in these ways may easily contribute to a continued focus on the problem. However, a continued focus on the problem does not necessarily assist with developing a sense that things can be different for the child or adolescent, for the parents and for staff. — Durrant, 1993, p. 58

The "miracle picture" is the answer to the question "how do the clients want things to be?". This is a DIFFERENT question from "what problem do they want to have solved" or "what issues do they want to work on?". Thus, the miracle question helps make the leap from complaint to solution.

It is the miracle conversation that separates solution from problem.

We say we are interested in mental health …

Yet, all we study is mental illness!

— Garmezy

Absence of problem (such as mental illness) is not the same as presence of difference (mental health). Mental health is much more than just absence of mental illness. How the person wants his/her life to be is much more than just the absence of particular problems.

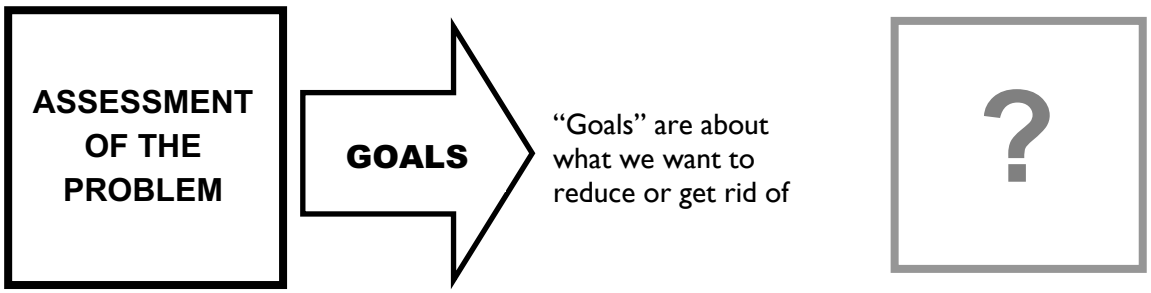
Similarly, we say we wish to work with people to help things get "better" … yet we have few conversations about what "better" actually looks like.

In assessing suicide risk, for example, the assessor needs to be clear with the client — and their family, if they are involved — about what safe behaviour is (and how it will make a difference), not just about absence of risk behaviour.

We focus on what needs to happen (and what WILL be happening) rather than what needs to stop.

The descriptions of the future state (the miracle picture, the preferred future) must be detailed and rich, since therapy involves working TOWARDS this state.

THERAPY DRIVEN BY OR FOCUSED ON THE PROBLEM



There is no clear picture of where we're heading

"Working on" the problem is really WORKING AWAY from the problem

THERAPY DRIVEN BY OR FOCUSED ON HOW THEY WANT THINGS TO BE DIFFERENT

The problem is not ignored or denied … but it does not determine where we head!

"WORKING TOWARDS" the preferred future — not necessarily defined by the problem

Stories initiated in solution-focused brief therapist-client interactions are progressively oriented. Progressive stories emphasize how clients are moving toward desired goals; thus they are designed to justify hope and optimism. The progressive stories constructed in solution-focused brief therapy may be contrasted with the "stability" and "regressive" stories that clients bring to their initial meetings with ... therapists. The latter stories emphasize how clients' lives are not changing ... or are getting worse. — Miller, 1997, p 61

Constructing views of competence —

IV. INSTANCES OF THE MIRACLE ALREADY HAPPENING (*rather than* "Exceptions to the problem")

Having established the "miracle description", further questions are questions about when parts (or "instances") of the miracle have already occurred. Thus, ANY example of times things have "been better" in any area, are examples of the hypothesised future solution state already being present.

- When was the last time that *(an aspect of the preferred future)* happened?
- (build a detailed description of the event).

We cannot assume that instances, or differences, will immediately be seen as significant by the client. instances are not self-evident events that are discovered, but are differences that are constructed between client and therapist.

- How were you able to do this?
- What about you helped you to be able to do this?
- What would your *(friend, boyfriend, husband, mother, etc.)* say if I were to ask them how they think you did this?
- Was this easy for you, or was it something you found difficult? *(If response is that it was easy)*, How were you able to make something other people find very difficult seem easy? *(If response is that it was difficult)*, How were you able to do something like this even though it was hard to do?

A "miracle scale" offers another way to discuss pre-existing progress towards the miracle.

- On a scale of 0 to 10, where 0 is when you decided to come to counselling and 10 is the day after the miracle, where are you?
- What tells you that you are at 3? *(is another way of asking which pieces of the miracle are already happening)*
- On a scale of 0 to 10, where 0 is when you tried to kill yourself and 10 is the day after the miracle, where are you?
- On a scale of 0 to 10, where 0 is when you were suspended from school and 10 is the day after the miracle, where are you?

ANY instance of the miracle (or the "preferred future") means that it is no longer hypothetical. If it has already happened ... or even partially happened ... then it is now a real possibility.

Constructing views of competence —

V. SCALING QUESTIONS

- "On a scale from 0 to 10, where 10 means how you want things to be, and 0 means the worst things have been, where would you say you are right now?"
- "On a scale from 0 to 10, where 10 is NO PROBLEMS coming to school, and 0 is "I just can't make it to school at all", where would you say you are right now?"
- "On a scale from 0 to 10, where 0 is when you got suspended and 10 is when there are no problems here at school, where would you say you are right now?"

Children and adults are almost always able to answer this question meaningfully — as long as it is asked in a way that fits.

Scaling questions allow clients to visualize or imagine, in a very natural way, [their] experiences as the numbers on the scale are representative of them

How did you get to 3?

The questions then provide a "platform" for asking about exceptions.

- "Okay, so you say you are '3' on that scale now. What's the highest you've ever been? When was that? What were you doing then? How did that make things different?"
- "So, you're at 3. How come it's not zero?"

How will you know when you get to 4?

Scaling questions also provide a means for developing the future focus further.

- "So, how will you know when you are at 4 on that scale?"
- "Yes, it sounds right that you are '3' on the scale. Let's just imagine that we talk again next week and you tell me that you have moved to '4' on that scale. What will be happening differently then? What will show you have moved from '3' to '4'?"

The advantage of this question is that it envisages a future of smaller steps towards success. For some, it is easier to envisage moving from '3' to '5' or '6' than to imagine moving to '10'.

NOTE: "How will you know you are at 4?" **NOT** "What do you need to do to get to 4?"

Scaling questions can also be useful to gauge the person's impression of change between conversations — either by reference to a previous scaling answer, or by describing the scale as "where you were last time" and "where you are now". Often, people who seemed despondent about progress "discover" that they are doing better than they thought when asked to scale their relative positions.

Constructing views of competence —

VI. END-OF-SESSION MESSAGE

Compliments

- about strengths & resources
- about participation in (the process of) the session
- about pre-existing progress towards the miracle

A link between what the client has done and what you are going to suggest

A suggestion designed to help client notice or experience different things

SUGGESTIONS — WORKING TOWARDS THE SOLUTION CONTINUING

Observational suggestions … asks client to observe and take note of things that go well in the next week or so, or to look out for examples of particular exceptions.

Formula first session task: "Between now and next time we meet, I want you to take note of anything that happens in your life (family, marriage …) that is the sort of thing you'd like to continue in your life"

Suggestions assuming exceptions: "Over the next week, just take note of what it is that you do when you're not getting into fights with Jeremy".

Pretend suggestions … asks client to "pretend" that the solution has happened (following detailed discussion of the solution state), that the miracle has happened, or that they have attained a higher point on the scale. May involve picking particular days to pretend, or daily coin-tossing, with pretending to be done on "heads" days. If others involved in therapy, they may be asked to pretend as well, or to try to "guess" when the client is pretending.

Behavioural suggestions … asks client to "practice" particular steps that have been identified.

"We've seen that the days over this last week that went better were the days when you got up earlier. Maybe you'd like to plan to get up earlier once or twice in the next week, and see what difference that makes?"

Giving a client something to do implicitly gives the message "YOU can go out and do something about your situation". Suggestions are designed to help people NOTICE or EXPERIENCE difference.

BEGINNINGS …

Opening …

"Thank you for coming … I hope that this will be helpful … of course, there's no guarantees about that …

What I can guarantee is that I will do my best … and I assume that you will, too … and together we'll see where we get to."

Creating a "common project" (a project for client and therapist) …

"How will you know that today has been useful?"

"What needs to be different in your life – today, tomorrow or the day after tomorrow – something small in how you think or feel or what you do – that will tell you that talking to me today was useful? … (even if it wasn't your idea to come)?"

Miracle question …

"Lets imagine … that after you leave here, you go home, and you do whatever you would normally do … you make dinner, and get the kids ready for bed, and maybe watch some TV, and get things ready for tomorrow … and, eventually, you go to bed … and you go to sleep … and while you are asleep, a miracle happens … and this miracle is that the problem(s) you came here about are solved … but, because you are asleep, you can't know this miracle was happening … so, tomorrow morning, how will you discover that the miracle has happened? What will be different that will tell you this miracle has occurred? What will you be doing differently that will tell you??"

Miracle conversation …

The Miracle Question is not an end in itself; it leads into a detailed conversation that is building the preferred future.

Most clients can give us a rich picture of the problem(s) — the description of their preferred future needs to be just as rich, think and detailed.

When is any of that already happening? …

WHENEVER we build a future picture or description, we need to find out when pieces or parts of this future are already evident, or where the client is "on the way" to the miracle.

END-OF-SESSION MESSAGE

What do we want the client to go away remembering and focusing on?

1. **Compliments about involvement in the session**

……..

……..

……..

2. **Compliments about strengths/resources/successes**

……..

……..

……..

3. **Compliments about steps towards the miracle**

……..

……..

……..

4. **Suggestion**

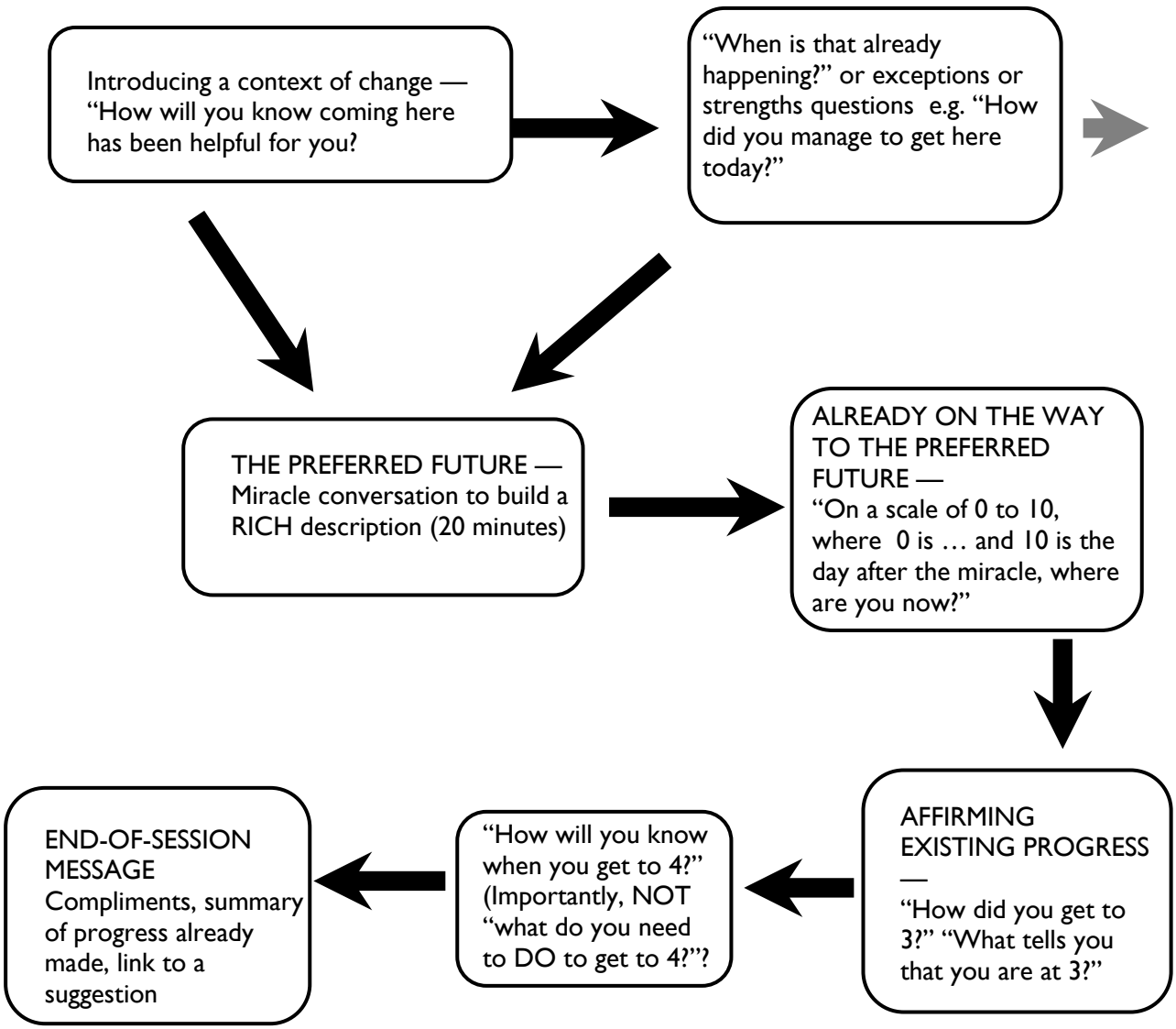
……..

……..

……..

……..

OVERVIEW OF A FIRST INTERVIEW



SECOND AND SUBSEQUENT SESSIONS — E.A.R.S.

E is for Elicit

Begin second and subsequent sessions with the simple and purposive question, "What's been better since I saw you last?" — an eliciting question — then "What else is better?"

The second ... third ... fifth ... eighth ... twenty-seventh session begins with …

> "What's better?"

Before we amplify or reflect on any particular event or experience we are keen to know all the things that the clients are able to tell us that are better in their lives. — do this very simply by asking "What else is better?" … "and what else is better?" … "and what else?"

These questions are more purposive than questions such as, "What's been happening?" or "How are things?" — which is more easily negated by clients.

A is for Amplify

"Amplify" some of the events and experiences that the clients have described as better to get more detail about these. In amplifying these events we are establishing the "who, what, where and when" of the improvements in the client's life.

- "You said there has been more harmony; what have you been doing to create more harmony?"
- "In what ways have you been happier?
- "What other ways has he been nicer to you?"
- "Since she's been drinking less, what other things have you noticed different about her?"
- "You said you've been less depressed, what differences do you think your family would have noticed about you since you've been less depressed?"
- "What has your husband noticed different about him do you think?".

R is Reflect

Reflect on the details of what's better; we want to know from the client(s) the significance or meaning they ascribe to these changes. We invite client's reflections on the events with questions like these: —

- "How have you (she, they) done that?"
- "How has that been different from last week?"
- "How has that made things different for you (him/her)?"
- "How was that helpful?"

- "Was that hard for you (him/her)?"
- "What does that tell you about him?"
- "How do you suppose she did that?"
- "What does that mean for you that you (or she was) were able to do that?"

Throughout the reflection process we attempt to "blame" the client for the improvements.

- "How did you do that?"
- "Was it hard?"
- "So, how did you manage to stick at something that was that hard?"
- "How did you make it easy?"

Questions such as, "How did you do that?" can lead into greater detail of events.

S is for Start Over

"And what ELSE is better?"

The EARS process not necessarily linear — you and the client can move back and forwards. The aim is to construct together descriptions of difference.

When at first nothing's better …

In our experience people return in about two thirds of cases and say things are better.

- "OK, so that incident was particularly bad, apart from that what has been better for you since we saw you last?".

Breaking the week (or the intervening period between sessions) down day by day — inevitably some days were worse and some better.

- "So how did you manage to stop things getting worse?"

In various ways — by putting the negative incident aside, breaking the week down, or by listening for or being curious about possible positive outcomes regarding negative incidents — most often the therapist will find some improvements have occurred in the client's life if he or she is patient. The goal is not to try to convince the client that things are better but to follow the leads of the client.

Adapted from Turnell, A. & Hopwood, L. (1994)

THE POWER OF DESCRIPTION

George (2017) describes Chris Iveson asking a client facing a challenging situation (a court hearing, a job interview, an exam.), "Let's imagine that you find yourself in that situation, with all its challenges ... you know that you are at your best. How will you know that you are at your best?"

> *Chris asked questions in such a way that the description became more and more detailed and his questions invited the client to describe more than just the [challenging event] itself and her role within it. His questions invited the client to describe the day that contained her 'at your best', in exactly the same way that Steve de Shazer subsequently wrote 'building homes for solutions is what the solution-focused language game is designed to do'.*

We have always said that, if you ask the miracle question, you should explore the description of "the day after the miracle" for at least 20 minutes. Our colleagues at BRIEF in London have been exploring developing the future-focused description for 40 or 50 minutes and DOING NOTHING ELSE.

> *Since then we have used this same question in so many other situations where it is important to the client that he or she should perform well – job interviews, chairing meetings, attending case reviews, difficult conversations at work or in the family – and what we have learned is that just the description, just inviting the client to imagine, in detail of course, is normally enough. We do not have to 'action plan' if we can just trust the client and if we can just trust the process. The description by itself seems to do the job. Since the early days this question has found its way into so many of my Solution Focused conversations. As clients describe their preferred futures the question helps us to invite the client into a second layer of detail and description, moving beyond the facts of the day:*
>
> *'So how else will you know that your confidence is growing and you are liking yourself more?'*
>
> *'I'll be going out more, I'll be meeting new people, I'll be talking'.*
>
> *'And as you're going out more, meeting new people, talking, how will you know that you are at your best?'*
>
> *'I'll be smiling, I'll be interested, I'll be looking forward to it.'*
>
> *'And as you're smiling, interested, looking forward to it, at your best, what will other people be noticing about you that you'll be pleased to have them notice?'*
>
> *This second tier of distinction, of differentiation, that the 'at your best' question can serve to elicit seems to be useful for clients – it is not just that they are managing to 'go out more', but how they are when they manage to 'go out more'.*

The DESCRIPTION of the preferred future is seen as powerful enough in itself.

> *It is important to remember that in Solution Focused Brief Therapy it is the client's answer to the [preferred future] question that legitimises our following questions. Thus we are not inviting clients to describe their ideal future or a perfect day ... What we are inviting the client to describe, when we ask the [preferred future] question, is the life that contains the 'best hopes', the life*

transformed by the best hopes happening, and of course the 'best hopes' are circumscribed, they are defined solely in relation to the therapy.

When we are inviting clients to describe their preferred future we are not inviting them into a world of certainty, we are not action planning, we are not devising strategies or determining what they should do. The description itself is the point and we have no idea what relationship this description will ultimately bear to what the client ends up doing. (George, 2020).

What is crucial in this process is that the therapist remains neutral about the future steps the client might choose to take. Any attempt, however subtle, to direct the client towards action is likely is likely to be experienced as a form of expropriation: using the client's ideas to feed the (good) intentions of the therapist. Only by staying with description can this neutrality be maintained and the client be left fully in charge of her life. Similarly, the therapist is not out to create an emotional experience, to make this an aim would be to assume that this is right for the client. The emotional experience that might arise from a description can be best seen as a bonus — one of the many ways SFBT influences lives and one particularly associated with rapid change. (Iveson & McKergow, 2015).

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