

18 Oct 2021 - Vogue Theatre

Introduction to Solution Focused Brief Therapy

David Hains

Left Turn Solutions

President, Australasian Solution Focused Association

Chairperson, Journal of Solution Focused Practices






PLAYLIST

Solution Focus Playlist

Jonas Wells • 276 likes • 930 songs, 58 hr 59 min



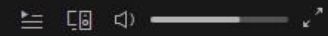
Q Date added ▾

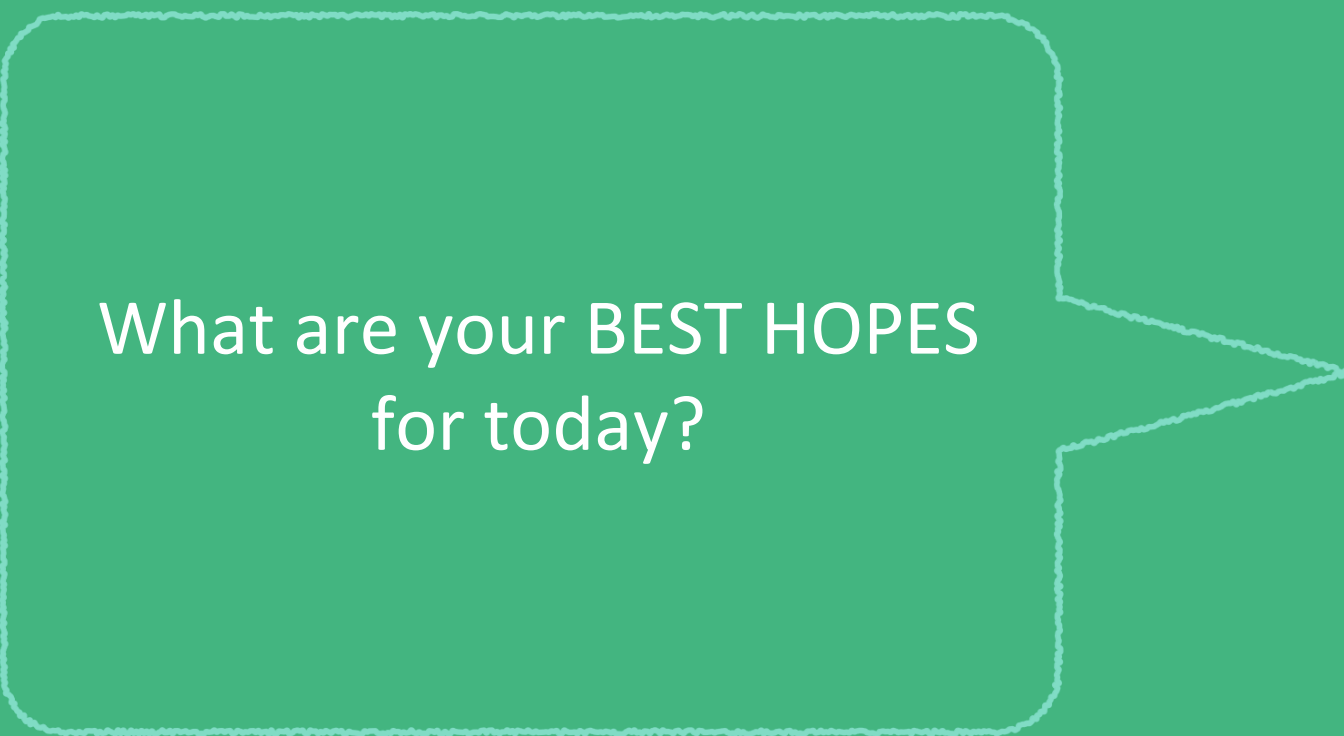
#	TITLE	ALBUM	DATE ADDED ▾	🕒
1	 Looking For Clues Robert Palmer	Clues	Oct 18, 2013	4:52
2	 Lösning Eller Problem Baddat För Trubbel	Värdighet	Oct 20, 2013	1:34
3	 Små små steg	Små små steg	Oct 20, 2013	7:50

Miracle Man
Elvis Costello



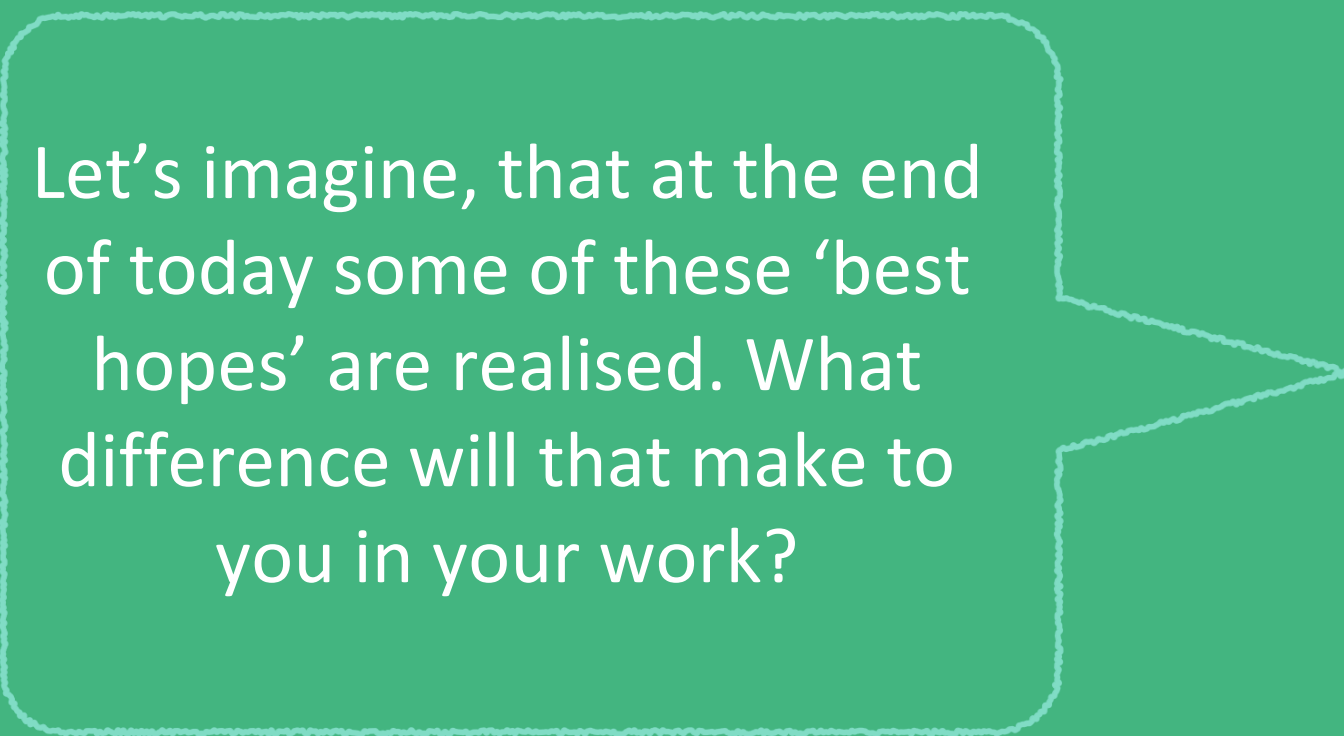
0:03 3:31





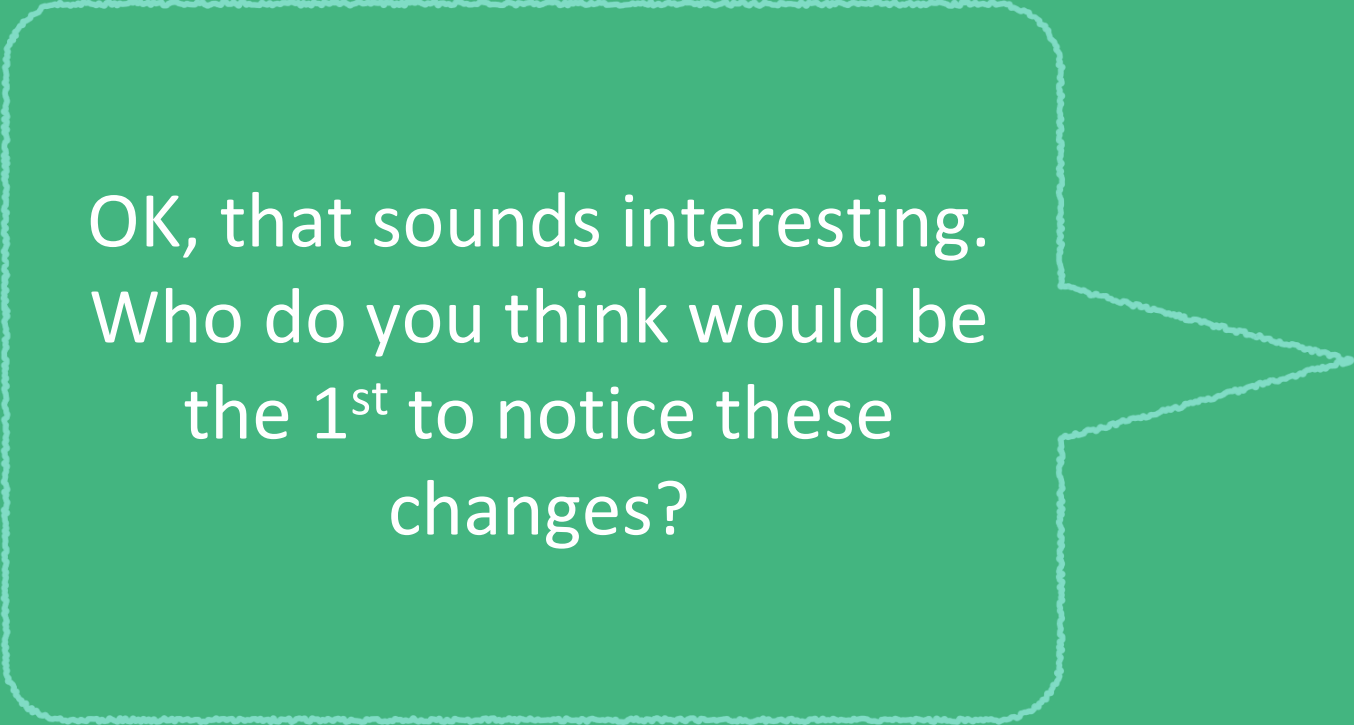
What are your BEST HOPES
for today?





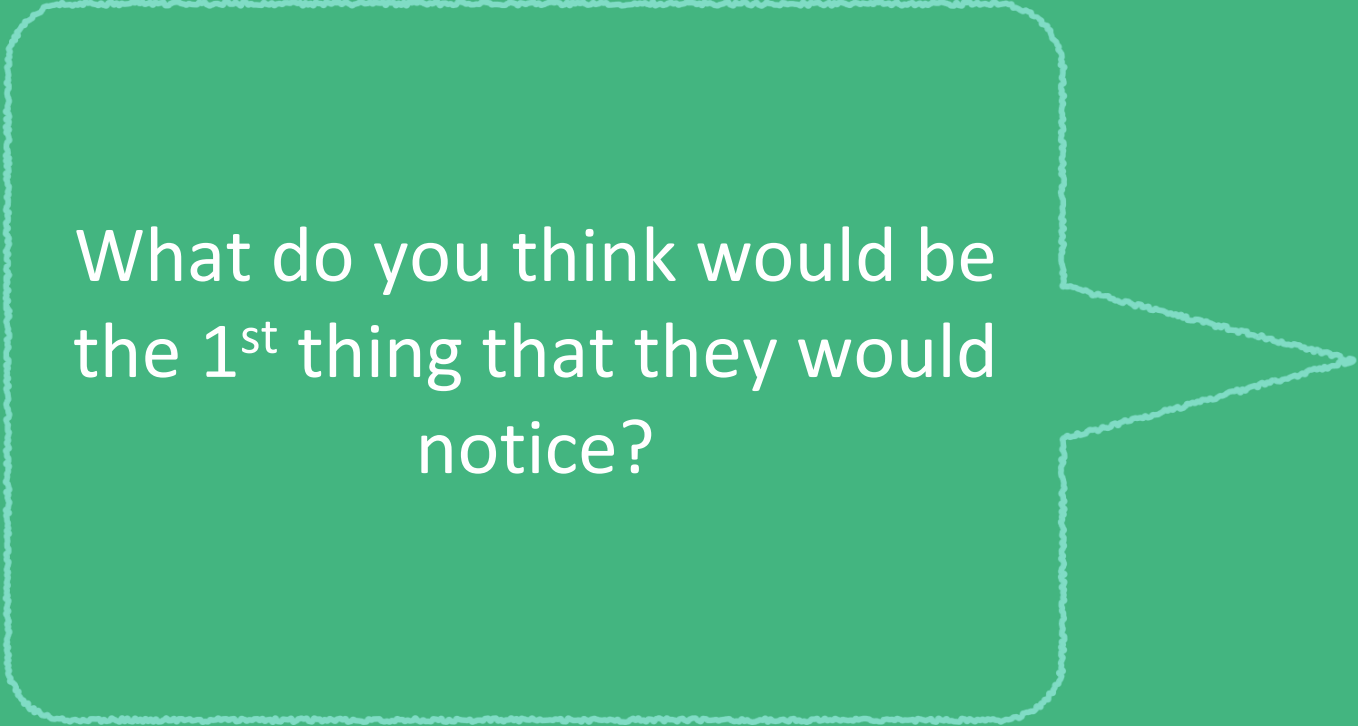
Let's imagine, that at the end of today some of these 'best hopes' are realised. What difference will that make to you in your work?





OK, that sounds interesting.
Who do you think would be
the 1st to notice these
changes?

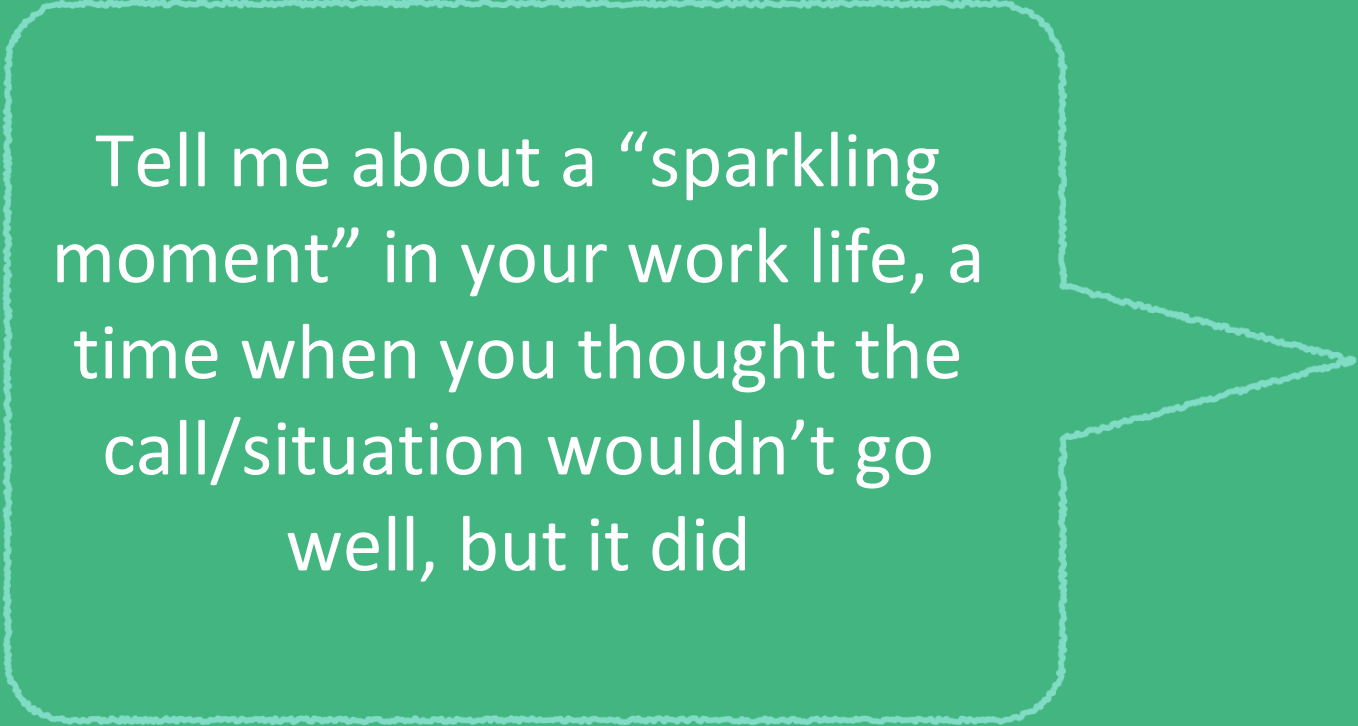




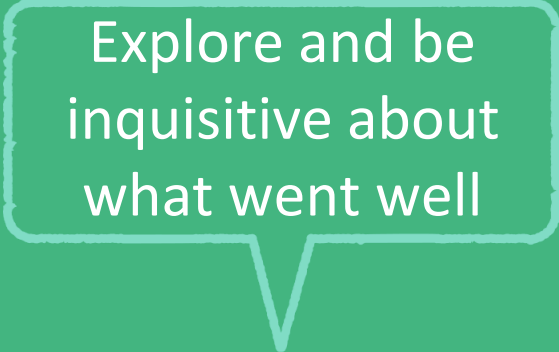
What do you think would be
the 1st thing that they would
notice?



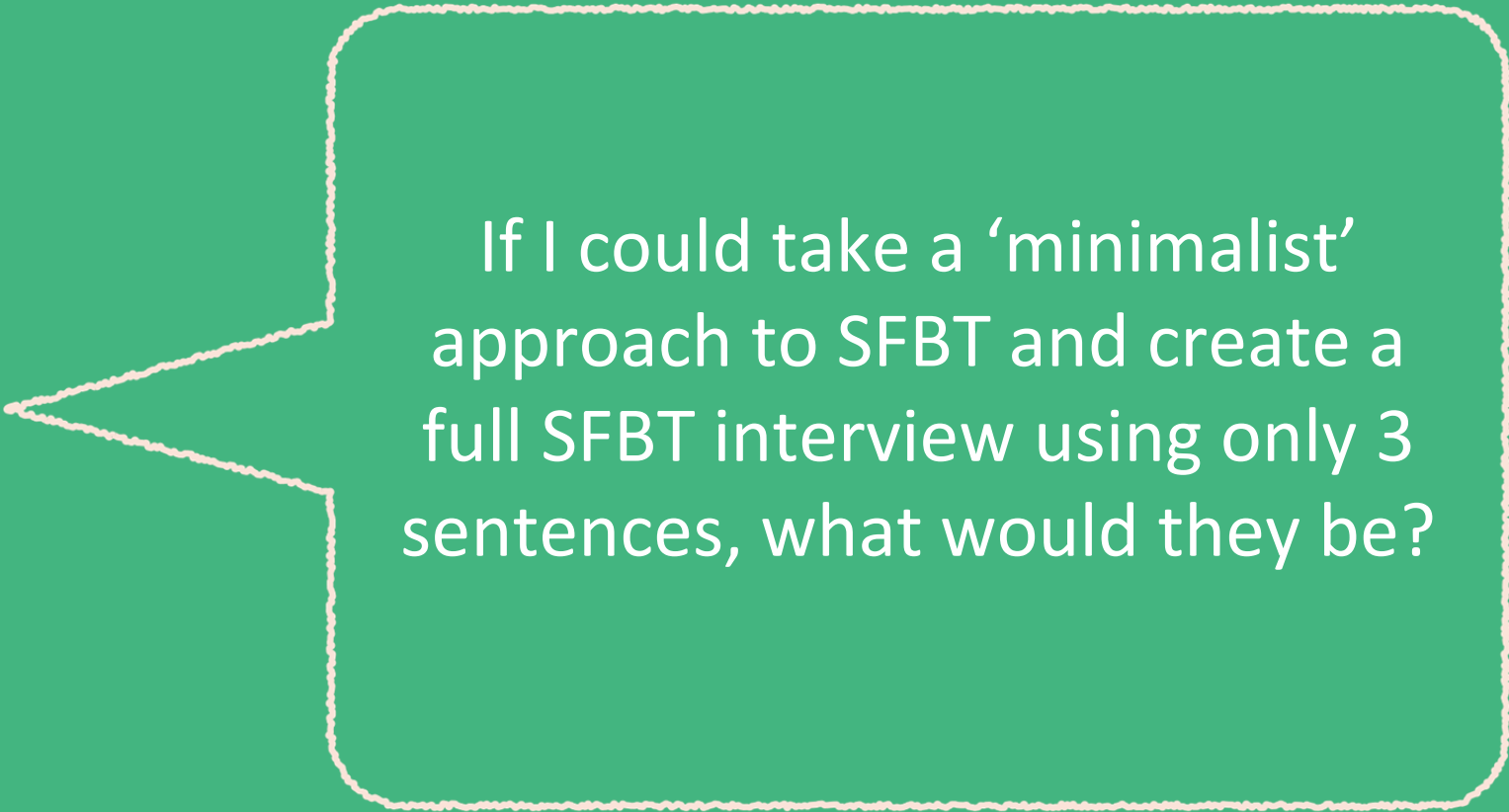
Explore and be
inquisitive



Tell me about a “sparkling moment” in your work life, a time when you thought the call/situation wouldn’t go well, but it did



Explore and be inquisitive about what went well



If I could take a 'minimalist' approach to SFBT and create a full SFBT interview using only 3 sentences, what would they be?

What are your BEST HOPES
for coming here today?

What are your BEST HOPES
from coming here today?



What else?

Today's Workshop

5 things to focus on in our conversations
(today, and in the future)

- Presuppositional Language
- Language Matching
- Staying on the Surface
- Not-knowing Stance
- The sounds of silence

#1

Video – “It’s not about the nail”

<https://www.youtube.com/watch?v=-4EDhdAHrOg&t=1s>

#2

Sorry I can't send you the audio files of the interview with the pilot, but you can find lots of info about QF32 on the internet including this

Wikipedia page:

https://en.wikipedia.org/wiki/Qantas_Flight_32

Here is a book & website:

<https://qf32.aero/>

#3

USS Akron

The unedited video:

https://www.youtube.com/watch?v=pF5_OLJGPQY WARNING –

that video contains the bad bit in the middle

Wikipedia page:

https://en.wikipedia.org/wiki/USS_Akron

#4

Patch Adams

<https://www.youtube.com/watch?v=bKLQBuSPVwQ&t=4s>

Assumptions and Core Tenets in SFBT

(notes from previous workshops)

The solution is not necessarily directly linked to the problem

A focus on what's working rather than what's broken

Highlight and mobilise strengths

Keep looking up

Hold on tight

Take 1 step at a time (small steps)

We are not looking for problems (diagnosis)

Solution focused, not problem focused

Looking for a “preferred future”

LEFT TURN SOLUTIONS

Assumptions and Core Tenets in SFBT

(notes from YOUR workshop)

#1,

Listening, validating, rapport building

Not trying to fix the problem

Asking questions, but not digging - don't go where the client is not ready to go

Not there to rescue - just explore their own thoughts

Active listening

It is often not the obvious problem,- go with what the person wants/identifies, work on that, and then you might get the opportunity to do the next thing

Assumptions and Core Tenets in SFBT

#2, (notes from YOUR workshop)

A focus on what's working instead of what's broken

Strengths based

Creating hope in a hopeless situation

Checked in with everyone, checked what it looks like from their perspective, get feedback, be on the same page

Check list - would have run out of time, so need a new approach

Assumptions and Core Tenets in SFBT

#3, (notes from YOUR workshop)

Don't look down/back, look forward/p

Small steps

A focus on what is possible

Maintain hope (to survive)

Make a plan, and have a back up plan

Focus on what you can control not on what you can't control.

Use your strengths

Sometimes it is just about holding on tight

Assumptions and Core Tenets in SFBT

#4, (notes from YOUR workshop)

Focus on the solution, not the problem

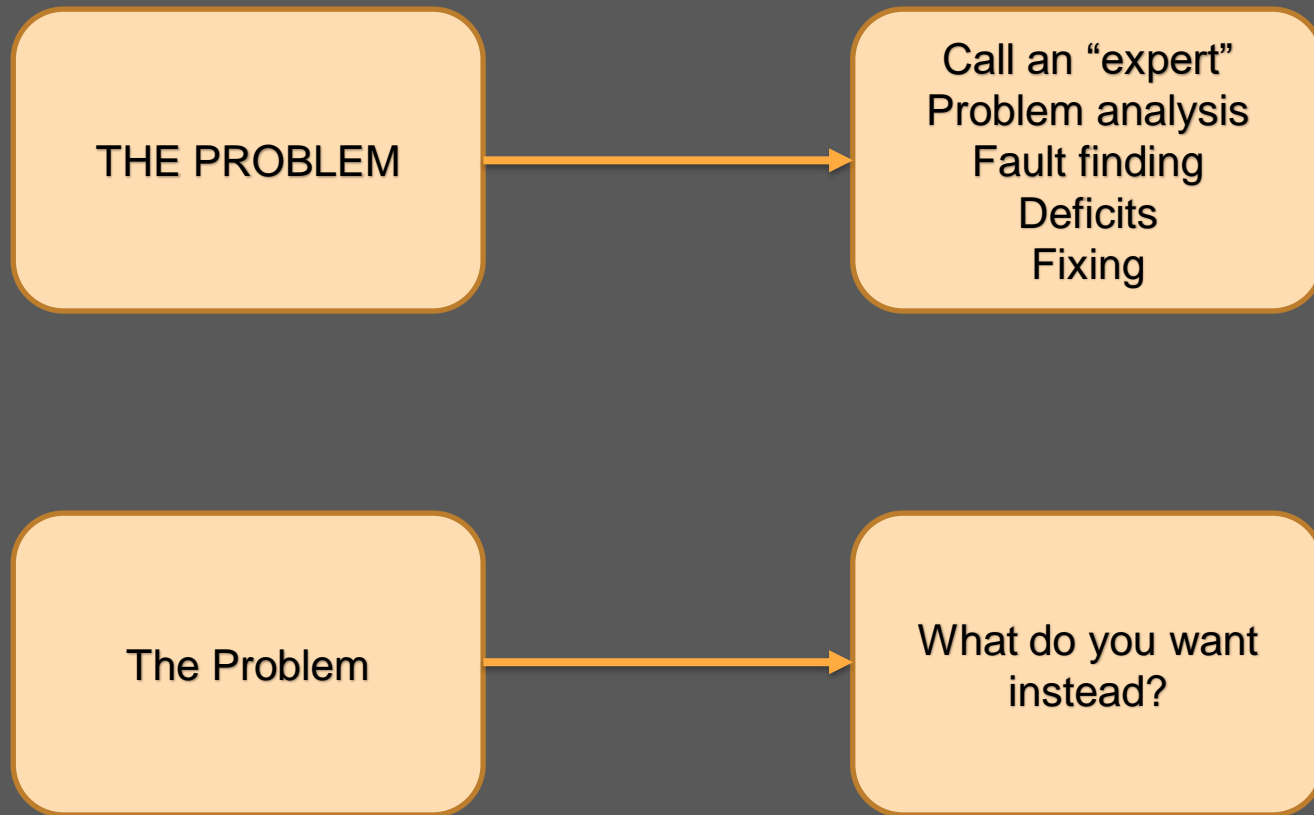
Look past the problem

Focus on the person

Started with something that was achievable (fixed the cup) and this led to instant engagement (so they could then talk about the other thing)

Let go of your own perspectives and opinions

2 different ways of thinking



“When I focus on what’s good today, I have a good day, and when I focus on what is bad, I have a bad day. If I focus on a problem, the problem increases; if I focus on the answer, the answer increases”

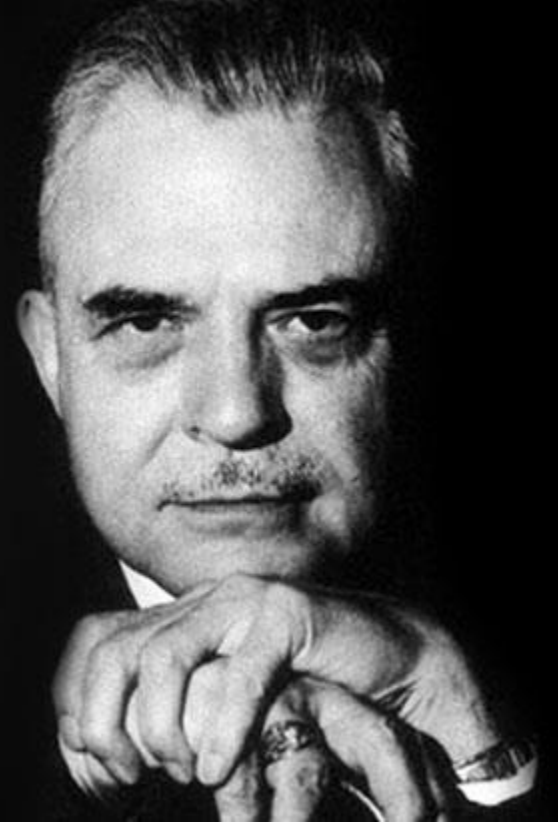
Alcoholics Anonymous (1976) Alcoholics Anonymous: the story of how thousands of men and women have recovered from alcoholism (The big book). Alcoholics Anonymous World Services, New York.

“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.”

DeFrane, M. (1999) “Strong families around the world” p.13

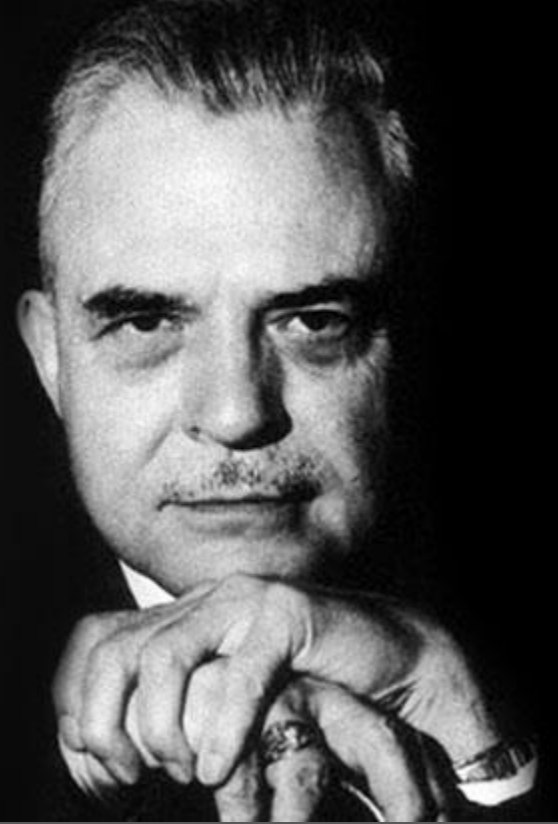
People do not come
into therapy to change
their past but their
future.

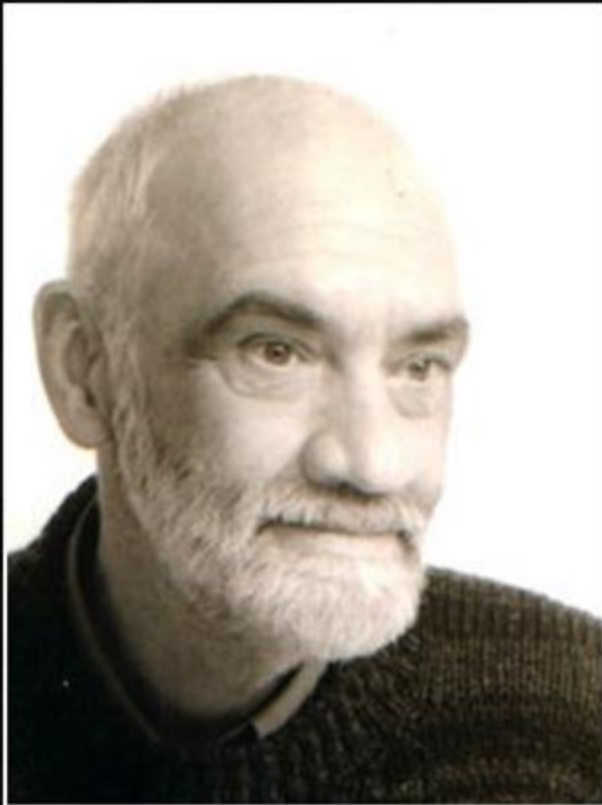
Milton Erikson



Don't ask why the
patient is the way he is,
ask for what he would
change.

Milton Erikson



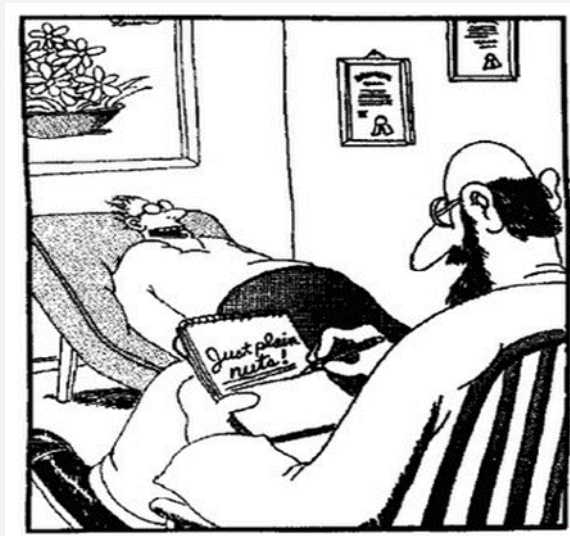


Where you stand determines what you see and what you do not see; it determines also the angle you see it from; a change in where you stand changes everything.

— *Steve de Shazer* —

History

During the mid 20th century many psychotherapists were becoming dissatisfied with traditional psychotherapy.

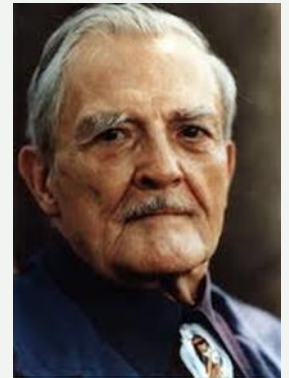
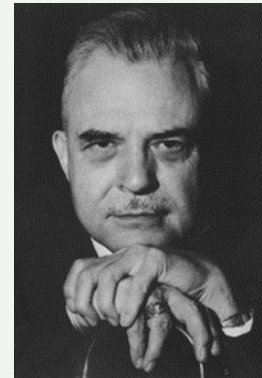


Visser, C.F 2013, "The origin of the Solution-Focused Approach", *International Journal of Solution-Focused Practices*, vol. 1, no.1, p. 10

History

A number of therapist started to look for ways to make therapy briefer and goal orientated

One pioneer of this first wave of change was *Milton Erickson*



Erickson did not believe in diagnostic labels and strongly believed in the power of people

He did not believe in the need for long term therapy but that even small change by the client was often enough to set a process of larger change

Visser, C.F 2013, "The origin of the Solution-Focused Approach", *International Journal of Solution-Focused Practices*
vol. 1, no.1, pp. 10-11

History

SFBT was developed during the 1980's by Steve de Shazer, Insoo Kim Berg and team in Milwaukee USA.



Bannink, F.P, (2007), "Solution-Focused Brief Therapy", *published online, Springer Science+ Business Media*
22 February 2007, p.87

What is it?

- Solution Focused Brief Therapy is an approach to psychotherapy based on solution-*building* rather than problem solving
- It is a strengths based therapy: It explores a persons current resources and skills, as well as their future hopes
- It is a brief therapy
- It can be used in conjunction safely with other treatments
- It is a forward-looking therapy. Finding ways to elicit and describe future goals is the corner stone of SFBT

Iverson C. (2002) "Solution-focused brief therapy", *Advances in Psychiatric Treatment*, vol. 8 no. 2, pp. 149-156

What is it?

- ~~It is a brief therapy~~
- It is a model or an approach to care, support and treatment, or just communication
- It is more than a collection of tools
- It is a perspective
- It is a language
- It is a culture

In summary :

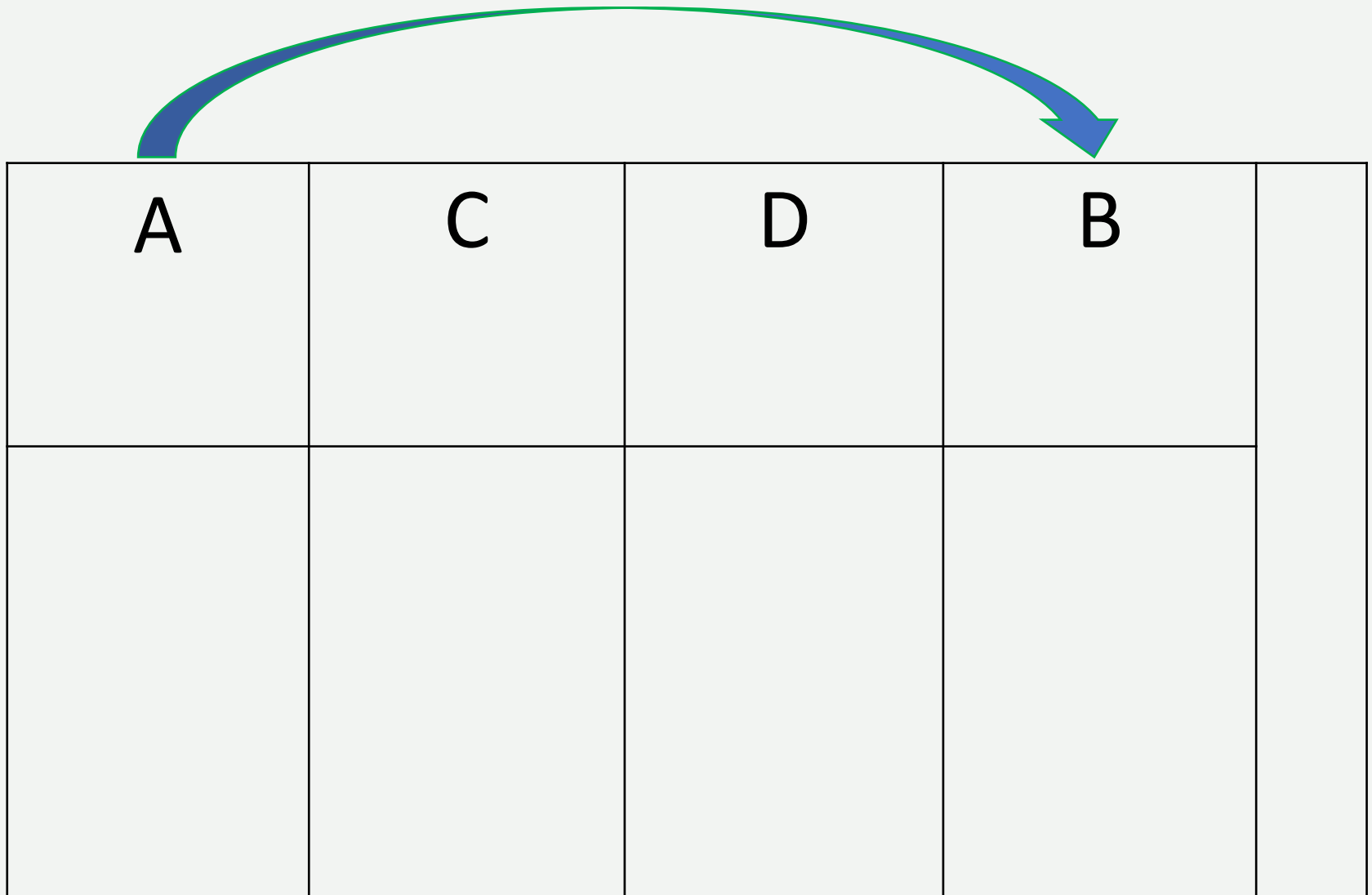
- You (we) don't need to know the problem in order to fix it
- The client is the expert on their own lives, and their own goals are the focus of therapy
- All clients have the strengths and resources within themselves
- Small changes will lead to bigger changes

And also:

- The language/words we use will help to guide the therapy

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be

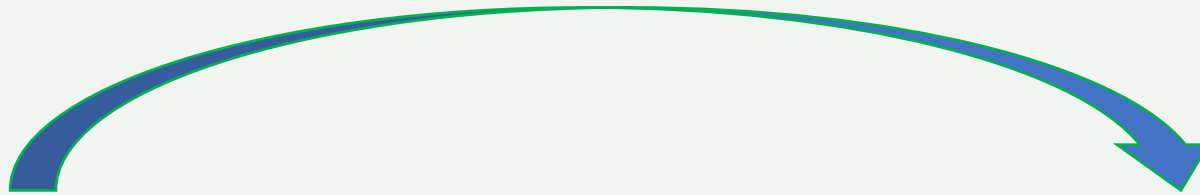


Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



The problem is over here – Don't look back!!!

A	C	D	B	
Where A re you?	C urrency C onnections & C oping	D oing	Where do you want to B e?	

Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS

Today's Workshop

5 things to focus on in our conversations
(today, and in the future)

- Presuppositional Language
- Language Matching
- Staying on the Surface
- Not-knowing Stance
- The sounds of silence

A - Where **A**re you?

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



A	C	D	B	
Where A re you?	C urrency C onnections & C oping	D oing	Where do you want to B e?	
Problem-free talk Best Hopes Common Project <u>Orientation</u> to a “Preferred Future”				

The problem is over here – Don't look back!!!

Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS



Simon, Joel, Oct 14, 2009, Solution Focused Practice in End-of-Life and Grief Counseling
Springer Publishing Company, New York, ISBN: 9780826105806

LEFT TURN SOLUTIONS





“It’s not the diagnosis that stigmatises,
it’s the process to get the information
that does, the diagnostic interview ... a
process of humiliation”

Dr. Harry Korman 2018 AASFBT Conference, Melbourne



Simon, Joel, Oct 14, 2009, Solution Focused Practice in End-of-Life and Grief Counseling
Springer Publishing Company, New York, ISBN: 9780826105806

LEFT TURN SOLUTIONS

‘The question is not “What problem brings you to *therapy*?” but “What would you like to achieve by coming to *therapy*?” ’

Sharry, J., Darmody, M., Madden, B. (2002) “A solution focused approach to working with clients who are suicidal.” British Journal of Guidance & Counselling, 30. Pp. 383-399

“The counselor should approach every new problem in a Spirit of humility and in the conviction that regardless of how similar it may appear to others in his experience, it (the case) must be studied and treated as if it were totally new and unprecedented. ...

“Some Suggested Principles and Guides for Marriage Counseling” from Marriage Counseling: A Casebook (Mudd et al., 1958)

“... The uniqueness of personalities and their interrelationships as well as the complexity and unpredictability of human interaction must ever be kept in mind. Besides, professional personnel dealing with people in trouble must exercise the greatest possible caution lest they act on the assumption that they are endowed with special powers of omniscience. It is sometimes difficult for them to keep from believing in their own superior qualities and to refrain from acting accordingly.”

“Some Suggested Principles and Guides for Marriage Counseling” from Marriage Counseling: A Casebook (Mudd et al., 1958)

I'm sorry but I can't forward the video with Naomi, but next time I can show you more of this one.

“... after a while some clients realize that even though the structure [of the interview] was what they expected the context 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 problems 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. This means that 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 about what the client thinks about the problem or the interviewer can try to figure out what the client wants/hopes will be different. The solution-focused interviewer will in principle 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 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.”

Dr Harry Korman, SIKT, “The Common Project” June 2004, pp 1-14

Check out Harry’s website for a few great papers: <http://www.sikt.nu/publications/>

C - Currency, Connections, & Coping

C - Some stories about exceptions

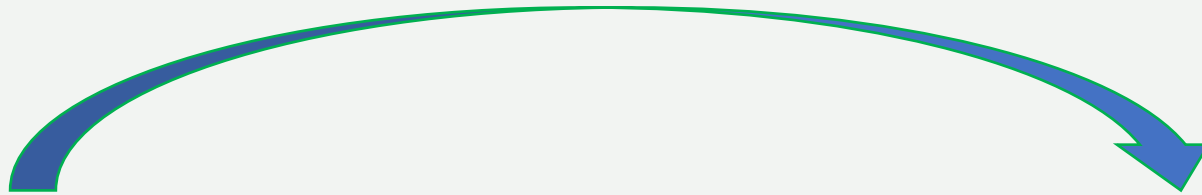
[The African Violet Queen \(Erikson\)](#)

[The African Violet Queen \(O'Hanlon\)](#)

[My first 2 patients - Maria \(a story about exceptions\)](#)

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



A	C	D	B	
Where A re you?	C urrency C onnections & C oping	D oing	Where do you want to B e?	
Problem-free talk Best Hopes Common Project <u>Orientation</u> to a “Preferred Future”	VIP’s Strengths Exceptions			

The problem is over here – Don’t look back!!!

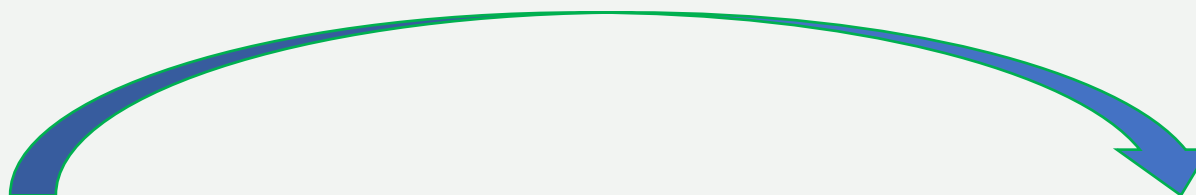
Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS

B - Where do you want to Be?

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



The problem is over here – Don't look back!!!

A	C	D	B	
Where A re you?	C urrency C onnections & C oping	D oing	Where do you want to B e?	
Problem-free talk Best Hopes Common Project <u>Orientation</u> to a “Preferred Future”	VIP’s Strengths Exceptions		Preferred Future Miracle Question <i>detail, detail, detail</i>	

Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS

“Annie Hall: Oh, you see an analyst?

Alvy Singer: Yeah, just for fifteen years.

Annie Hall: Fifteen years?

Alvy Singer: Yeah, I'm gonna give him one more year, and then I'm goin' to Lourdes.”

Annie Hall 1977

The rest of the videos come from here:

<https://www.youtube.com/user/andrewstrainingvideo>

The original video has been broken up into 5 sections.

The Miracle Question

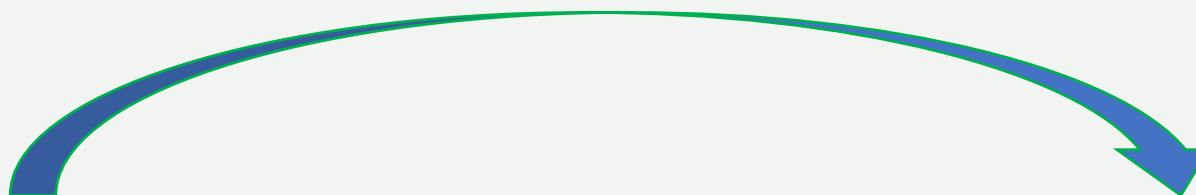
Constructing a vision for/of a preferred future

I'm going to ask you a strange question ... [flagging a change in focus]
Let's imagine ... [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 in the clients' ordinary everyday life]
... and while you are asleep a miracle happens ...
... and the miracle is that the problems that brought you here are solved ...
... but because you are asleep you don't actually know the miracle has happened ...
... when you wake up, what will be different? What will be the first thing you notice that will tell you that this miracle has happened?

D - Doing

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



The problem is over here – Don't look back!!!

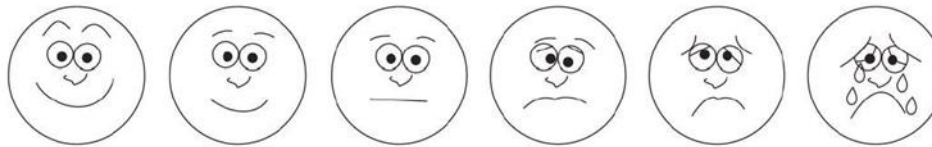
A	C	D	B	
Where A re you?	C urrency C onnections & C oping	D oing	Where do you want to B e?	
Problem-free talk Best Hopes Common Project <u>Orientation</u> to a “Preferred Future”	VIP’s Strengths Exceptions	Scaling Questions <i>Step by step</i> <i>What will be different?</i> <i>What will people notice?</i>	Preferred Future Miracle Question <i>detail, detail, detail</i>	

Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS

D - Doing

Faces Pain Scale



0	2	4	6	8	10
Very happy, no hurt	Hurts just a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine (don't have to be crying to feel this much pain)

D - Doing

THE BECK DEPRESSION INVENTORY

Total Score _____

Levels of Depression

1-10 These ups and downs are considered normal

11-16 Mild mood disturbance

17-20 Borderline clinical depression

21-30 Moderate depression

31-40 Severe depression

over 40 Extreme depression

**A PERSISTENT SCORE OF 17 OR ABOVE
INDICATES THAT YOU MAY NEED MEDICAL
TREATMENT.**

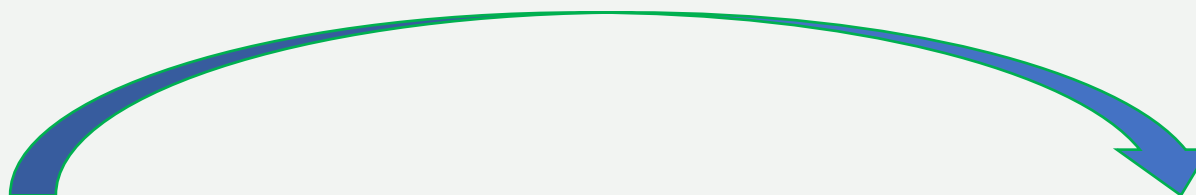
http://drjeremybarowsky.com/site/wp-content/uploads/2013/07/JB_Assessment-Tools_Depression_07_17_13.pdf



**What is the difference between
traditional scaling, and scaling in
SFBT?**

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



The problem is over here – Don't look back!!!

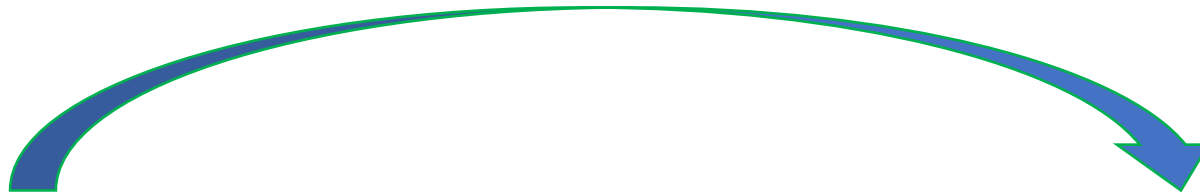
A	C	D	B	
Where A re you?	C urrency C onnections & C oping	D oing	Where do you want to B e?	
Problem-free talk Best Hopes Common Project <u>Orientation</u> to a “Preferred Future”	VIP’s Strengths Exceptions	Scaling Questions <i>Step by step</i> <i>What will be different?</i> <i>What will people notice?</i>	Preferred Future Miracle Question <i>detail, detail, detail</i>	

Adapted from: McKergow & Jackson (2007), Baeijaert & Stellamans (2011)

LEFT TURN SOLUTIONS

The Left Turn ABCD model for “better”

Moving from where you are, to where you want to be



The problem is over here – Don't look back!!!

A Where A re you?	C C urrency C onnections C oping	D D oing	B Where do you want to B e?	Review, affirmations, next steps
The starting place Transforming a problem into a goal/possibility Common project Changing your perspective Considering the context Stating an objective	Making use of what's already there Skills, resources, and strengths What's already going well Prior successes When it could have gone bad, but didn't Existing relationships – family, friends, team, clients, anyone	Small steps – what's next? K.I.S.S. – staying on the surface If it works – keep doing it If it doesn't work – try something else Language	Your preferred future Possibilities (present & future) Meaning & purpose Simple & clear description of what “better” would be like: <ul style="list-style-type: none"> • What you are doing differently • What you will notice • What others will notice 	

Assumptions in SFBT

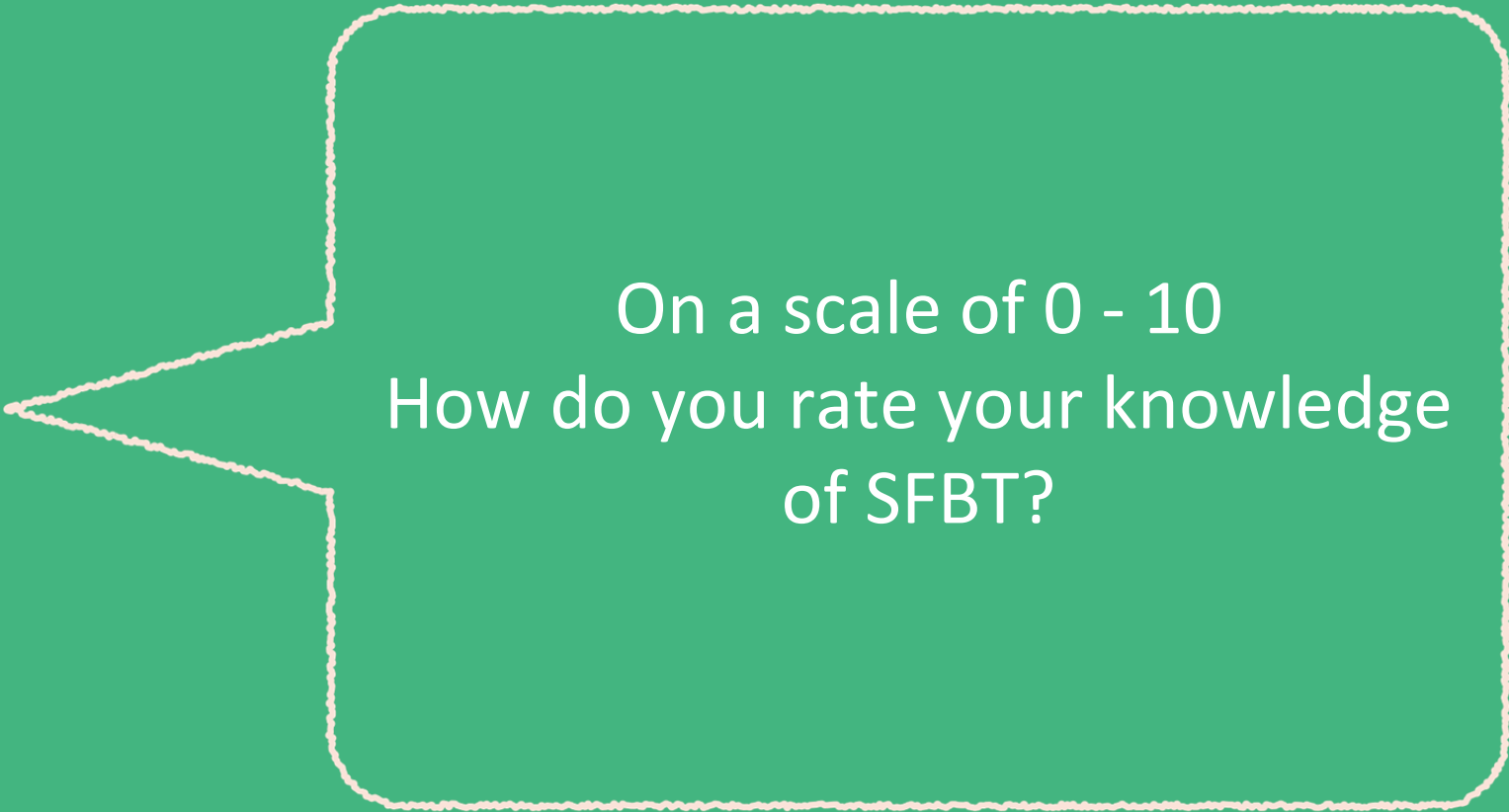
Change is happening all of the time

If it works, don't fix it. If it doesn't, do something different

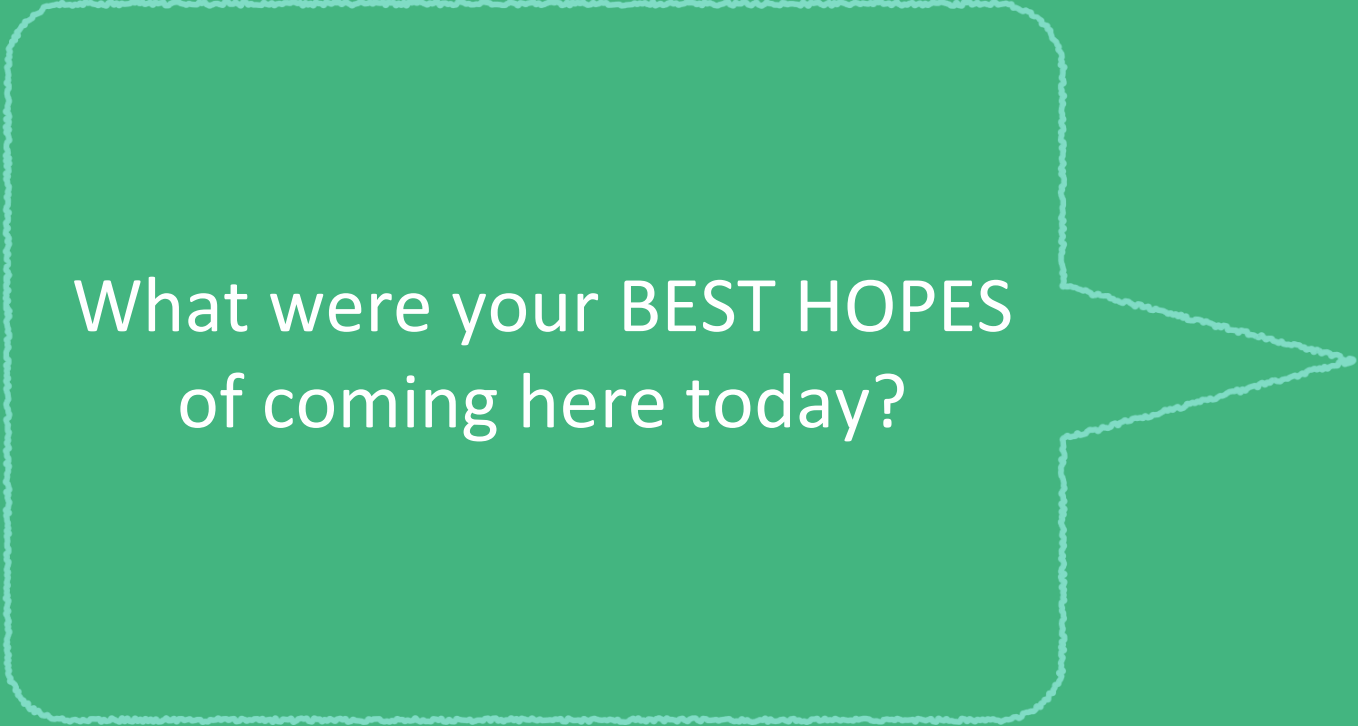
Motivation is more likely when clients are viewed as competent and experience themselves as having agency

Change happens by people experiencing themselves as competent and successful

A focus on the possible and changeable is more helpful than a focus on the overwhelming and intractable



On a scale of 0 - 10
How do you rate your knowledge
of SFBT?



What were your BEST HOPES
of coming here today?



Further training
Community of Practice
General info
What else?

e.g. slides & handouts, certificates, documentation

Community of Practice



ASFA & JSFP



About ASFA ▾ Local groups ▾ Conference ▾ About SF Journal ▾ Find a therapist or supervisor Members Area
News & Events Training



www.solutionfocused.org.au

Please sign up to our mailing list for info about SFBT around the world. We also advertise free events and resources, conferences etc (you don't have to be a member, but it would be great if you wanted to!)

ASFA & JSFP



The Journal of Solution Focused Practices is the newly rebuilt and rebadged version of the Journal of Solution Focused Brief Therapy. The Journal is now produced by a new international collaboration, and financially supported by organisations and individuals from around the world. It is available as a free download via the University of Nevada Las Vegas

We invite you to be a part of this exciting venture:

- Download and read the latest issue
- Link with us on social media
- Share with your friends and colleagues
- Submit a paper or an idea
- Donate, sponsor or partner with us

For information about the journal please contact
sarasmockjordan@gmail.com

Thanks to our major partners and generous sponsors and donors



Please link in with us

Facebook - <https://www.facebook.com/JournalSFP/>

Twitter - <https://twitter.com/JournalSFP>

Journal Link - <https://digitalscholarship.unlv.edu/journalsfp/>

News and info - <https://www.solutionfocused.org.au/journal>

Donate - <https://www.solutionfocused.org.au/journal/donate>

The Possibilities Lab



<https://www.facebook.com/thepossibilitieslab>

Upcoming SFBT Workshops

<https://www.leftturnsolutions.com.au/training>

<https://www.eventbrite.com.au/o/david-hains-left-turn-solutions-15426567324>

Workshops available in Adelaide and online via Zoom

For more info, please sign up to my mailing list via my website: www.leftturnsolutions.com.au (just insert your email at the bottom of the page)

Contact

David Hains

david@leftturnsolutions.com.au

www.leftturnsolutions.com.au

www.solutionfocused.org.au

Social Media – please link with us

www.facebook.com/leftturnsolutions

www.facebook.com/thepossibilitieslab

www.facebook.com/JournalSFP

www.facebook.com/SFAustralasia

<https://twitter.com/DavidatLeftTurn>

<https://twitter.com/JournalSFP>

<https://twitter.com/ASFAssoc>

Podcasts and other info:

[Journal of Solution Focused Practices](#)

[FBS Chat \(interviews with practitioners\)](#)

[The Possibilities Lab videos](#)

[Simply Focus Podcast](#)

[SFBT Research \(almost all of it can be found here\)](#)

[Solution Focus in Organisations \(non-clinical\)](#)

[SFIO Journal](#)

[Tim Wand, Emma & David discuss the SF approach](#)

[in suicide prevention](#)

[ANMF Journal article](#)

Just a note about risk assessments ...

For those of you working in a clinical field how could we use a scaling question to do a risk assessment but without actually doing a risk assessment (ie, we might need to assess suicide risk, but we want to do it in a way where we can springboard into the right direction)

John Sharry , Melissa Darmody & Brendan Madden (2002) A solution-focused approach to working with clients who are suicidal, British Journal of Guidance and Counselling, 30:4, 383-399

As distinct from working with other clients we have a responsibility, when working with suicidal clients, to assess the suicide risk and to take action if clients are in danger. Some therapists have explored how solution-focused therapy can complement more traditional forms of risk assessment, by using scaling questions to collaboratively establish with clients the level of risk and the safety action needed. Useful questions are as follows:

Therapist: On a scale of 1 to 10, how confident are you that you will be able to get through the weekend without attempting to harm yourself, where 1 means you feel you have no chance and 10 means you are totally confident?

What makes you that confident?

What needs to happen to make you more confident . . . to move one point forward on the scale?

John Sharry , Melissa Darmody & Brendan Madden (2002) A solution-focused approach to working with clients who are suicidal, British Journal of Guidance and Counselling, 30:4, 383-399

Where appropriate, other family members should be involved in safety discussions, and often they can provide great resources in helping the client be safe. Questions can be addressed to them as follows:

Therapist: On the same scale, how confident are you that your son will be safe this weekend?

What makes you that confident?

What needs to happen to make you more confident . . . to move one point forward on the scale?

Fiske, H. (2008) Hope in action: Solution-Focused conversations about suicide. Routledge. Page 12.

Heather Fiske suggests approaching it in this order:

1. A primary focus on what will be of immediate help
2. A more individualized or client-centred approach
3. Assessment of protective as well as risk factors; and
4. Taking histories of overcoming, coping, and resisting rather than solely those of deficit, pathology, and injury.

Fiske, H. (2008) Hope in action: Solution-Focused conversations about suicide. Routledge. Page 12.

Heather Fiske suggests approaching it in this order:

1. A primary focus on what will be of immediate help
2. A more individualized or client-centred approach
3. Assessment of protective as well as risk factors; and
4. Taking histories of overcoming, coping, and resisting rather than solely those of deficit, pathology, and injury.

She also says:

- Ask useful questions
- Tap into hope
- Ask yourself “What is one thing I can do right now that will make a difference to my client?” If you don’t have an answer, then ask the client!

Books

Heather Fiske (2008) Hope in action: solution
focused conversations about suicide



John Henden (2017) Preventing Suicide, the
solution focused approach

‘Traditionally, professional responses to suicidal and self-injuring clients have consisted of risk assessment and management, followed by treatment interventions such as medication or problem-focused psychotherapy. In recent times there has been a growing interest in exploring more collaborative and strength-based approaches to this client group ... to reorient the therapy away from an exclusive focus on the problem and to help clients envision a positive future where suicide is not an option.’

Sharry, J., Darmody, M., Madden, B. (2002) “A solution focused approach to working with clients who are suicidal.” *British Journal of Guidance & Counselling*, 30. Pp. 383-399