1

INTRODUCTION

LEARNING OUTCOMES

By the end of this chapter the reader will:

- Understand the initial development of the Solution Focused Approach
- Understand 'where' SFBT is now
- Recognize the importance of this book as a skills book
- Understand the best ways to use this book

Skill: Noun. The ability to do something well.
(*The Oxford Dictionary of English*, 2006, Oxford University Press)

This book is a skills-based book. Skills are not to be confused with interventions and/or techniques, of which you will see many in this book. In truth, one cannot use an intervention or technique well without having the skills to use it, the skills to know when (and when not) to use it and the right 'ear' to know how what you are doing is being helpful.

This chapter will be the shortest chapter of the book. It is an introduction only. The real heart of the book lies in the skills-based chapters that follow. However, you will see that three terms in particular are used throughout this book, so I would like to begin with some key definitions. The main terms are:

1 SFBT
2 SFT
3 SFA

1 SFBT: SOLUTION FOCUSED BRIEF THERAPY

This is the proper term for the therapy described in this book and was the original name given to this unique therapy. The name is 'descriptive', reflecting the significance of language to the approach.

1a Solution

There is an understanding when using SFBT that the client is moving towards something they want to have happen, rather than moving away from something they do not want to have happen. This will be examined later in the book when looking at 'preferred futures'. In fact, a 'solution' does not always have a direct relevance to the presenting 'problem'. Again, more on this later.

1b Focused

There needs to be a focus on the work, a focus on the goals or preferred future outside the therapy room, so that the therapist and client are clear about why they are both there. There should be little meandering and sightseeing away from the job in hand. This is a unique factor in determining whether SFBT is actually being used as a therapeutic model or whether it is just some SF techniques that are being used.

1c Brief

This is often left out of the title these days and SFBT is often shortened to SFT (see below). The 'Brief' part of SFBT is to highlight that the work is focused and not open ended. However, 'brief' does not mean that we short-change our clients. People get what they 'need', not more. But we do not assume before we start therapy that clients will be 'in therapy' for years. My 'average' number of meetings with clients is five or six. The shortest number of meetings, of course, is one, and I have worked with one client for 31 sessions. Brief does not always mean quick.

It is important to note at this point that SFBT is not alone in the therapeutic world in being brief; there are many other therapeutic models that employ a 'brief' or time-limited version of their particular model of therapy. SFBT differs slightly by being brief in its original application.

1d Therapy

This is perhaps the most interesting part of the title as solution focused approaches and solution focused practice are used in many arenas with many different applications

that are not therapy. Many of the original founders of SFBT were not in fact therapists, and some even insisted that what they did was not therapy. However, the 'therapy' part of SFBT is quite distinct, and yet, at the same time, very similar to other SF applications. The main differences from non-therapy applications of solution focus are in the setting, the 'contract', the expectations of the practitioner, in this case, the therapist, and the expectations of the client or 'customer'.

It is certainly acceptable to use solution focused principles, interventions and applications in non-therapy settings. However, it is the therapeutic application that this book addresses, and the skills required in this particular application.

2 SFT: SOLUTION FOCUSED THERAPY

Quite simply, all of the above except the 'Brief' part of the title has been dropped. This is a preference for many SF brief therapists nowadays as the term 'brief' seemed to convey a lack of seriousness of the approach and tended to imply that one could only use X number of sessions. In effect, the terms are interchangeable, and for the purpose of a skills-based book are not explored in great detail. I tend to use SFBT more than SFT, although I have no real preference. Interestingly, as SFBT has begun to drop the 'brief' part from the title, I have noticed a rise in other therapeutic approaches using 'brief' in their descriptions, such as Brief Psychodynamic Therapy, and there seems to be many more training courses in 'brief' applications of established therapeutic approaches. There is a slight difference in that 'time-limited' is different from brief, and SFBT is not a shortened, time-limited or pared down part of a wider model; it has been, and always will be, designed and developed to be brief in its entirety.

It is useful to know that there are a number of factors that have conspired to make brief therapies more attractive in recent times: there are economic issues in that individuals and companies do not want to pay for open-ended therapy (certainly insurance companies often will limit the amount of therapy they will pay for); practitioners want to be more focused in the work they do or, even better, clients are more mature in expressing their focused needs; and it may be that people are starting to take note of research suggesting that effective change can take place in fewer sessions over shorter timeframes.

3 SFA: SOLUTION FOCUSED APPROACHES OR SOLUTION FOCUSED PRACTICE (SFP)

It is true to say that since SFBT was first developed, practitioners from many disciplines around the world have found innovative ways to use and develop solution focused ideas and techniques. This can be seen in social work, nursing, coaching, team development, childcare, teaching, music and in many other areas of work. This book is not going to delve into these areas. Suffice to say, they are not counselling or psychotherapy, valid as they are.

The terms SFA and SFP have been growing as ways of describing instances where SF methods have moved away from the therapy room and the useful techniques, language and interventions founded in the therapy room are being used to great effect elsewhere. This is incredibly significant and probably truer for SFBT than for any other therapeutic approach. SF outside of therapy is probably bigger now than it is in therapy, It is also testament to the usefulness and versatility of the SF way of thinking. You will see SFA/SFP being utilized, for example, in the areas mentioned above and in:

- Mediation
- Coaching
- Anti-bullying work
- Occupational therapy
- Sports and activity settings
- Weight management programmes

There are many other areas too where the principles of SFBT have crossed over and are working well.

SFBT — IS IT?

You may also see in other books, training flyers and articles some of the following acronyms and terms (or different combinations of them): BSFT (Brief Solution Focused Therapy), CBFT (Cognitive Behavioural Focused Therapy), SOT (Solution Oriented Therapy). Although these approaches may well be valid and useful in their own right, they are not Solution Focused Brief Therapy and would not be recognized (by you) as such once you have read this book.

SOME MORE ABOUT THIS BOOK

The publishers have been very clear on this book being theory- and history-light. They have also been clear that the user of this book should be able to pick it up and use it in their training and/or practice without being bogged down in references and diversions to philosophical underpinnings and the like. Finally, the publishers have been clear that accessible language is used throughout. All of this is congruent with the solution focused approach, which aims to be accessible to people both practising and receiving therapy.

Such a brief, while being music to my ears initially, has not been entirely straight forward, though, because one cannot begin to use SFBT in the therapy room without at least a basic understanding of where it came from, why and how clients might benefit from it, and the major differences between it and the many other therapeutic approaches that are utilized today.

In the introductory chapter of *More Than Miracles* (2007: 1), in fact on the very first page, de Shazer et al. state that 'SFBT is not theory based, but was pragmatically

developed'. The very nature of a pragmatic approach is that one can develop or refine it, and even from it, as needed, diverge and the concluding part of this chapter will touch upon this.

We, as solution focused brief therapists, do not retreat into a theory-laden, jargonized world that is a mystery to all but those who are 'experts' in the approach. We prefer to keep it simple, although as many SF practitioners will tell you, it is not easy keeping it simple and it takes a lot of practice to not allow yourself to fall into 'complicating' matters. While the founders, proponents and practitioners of SFBT often talk of not having a theory, to the therapist or practitioner new to the approach, this 'atheoretical' aspect of the approach is often a dichotomy in that it can present itself as theoretical.

De Shazer seems to be aware of this when he maintains that SFBT is 'without an underlying (grand) theory' (de Shazer et al., 2007). I think this means that we cannot ignore all theoretical thinking when talking about SFBT, especially as there are clear theoretical roots to the language and conversation that run through the spine of SFBT, but we should not let any theoretical thinking cloud our judgement and adversely affect the 'doing' of therapy and being with the client.

The following paragraphs will give the reader a brief outline of the pragmatic and evolving nature of SFBT. However, if you want to delve deeper, you will find some suggested book titles at the end of this, and every, chapter. My best hope for this book is that it manages to tread that line between being accessible to all and being thorough enough to satisfy those that want more than the basics. I also hope to pay due reference to the founders and developers of SFBT, while acknowledging that the 'new kids on the block' are equally important to the continuing development of SFBT.

WHERE DID SFBT COME FROM?

The solution focused approach to therapy was first described by de Shazer (1985) and de Shazer et al. (1986), having been developed at the Brief Family Therapy Center (BFTC) in Milwaukee. De Shazer et al. were heavily influenced by the work being undertaken at the Mental Research Institute in Palo Alto, California, and by family therapy (O'Connell, 1998). The primary developers, Steve de Shazer and Insoo Kim Berg, were also influenced by the work of Milton H. Erickson, an eminent hypnotherapist who de Shazer spent much time studying. Erickson believed in the uniqueness of each individual and their unique skills and ways of coping – this became a bedrock of SFBT.

The Brief Family Therapy Center was, as the name suggests, primarily working with families. The practitioners there developed some ideas that were based mainly on observations about what clients were telling them through their therapeutic sessions. It would seem that all the practitioners were extremely interested, from the outset, in finding out what was working for their clients and in doing more of it, an underpinning principle that has remained a key part of SFBT. As a family therapy centre, systemic family therapy was also influential, not least in that the practitioners saw their clients as part of a system that could not be ignored.

The ideas that the team were formulating were about how people coped despite what was going on in their lives. These ideas were about how people tended to concentrate on talking about and focusing on the problem areas while almost paying no heed to the exceptions (when the problem was less significant, or not there at all) even though the team noticed these more and more. The team developed their ideas into what was and wasn't needed in therapy in terms of interventions, techniques, focus and time. It is useful to note that while many of the team at the BFTC were therapists in their own right, two of the most influential people in developing SFBT, Steve de Shazer and Insoo Kim Berg, were in fact social workers. This meant that to some degree they were not confined to 'traditional' practice when it came to therapy. They took influences from many areas outside the therapy world and experimented with them in the therapy room.

Of course, this brief description cannot do justice to the origins of the approach or the hard work and thinking of the practitioners at the BFTC who developed and refined the approach, which has become a phenomenon in both the therapeutic and non-therapeutic world. Instead I would refer the reader to the many books that do explain the beginnings and original thinking behind SFBT more eloquently than I can (see the list at the end of this chapter).

As well as the skills, interventions and techniques that will be described in some detail throughout this book, practitioners of SFBT would recognize the following 'key beliefs':

1 Maintaining a future focus
2 Reframing problems and problem talk
3 Amplifying positive change and exceptions
4 Finding client-led solutions, based on the client's strengths, skills and resources
5 Believing that the client is the expert on their life.

These key 'beliefs' (as well as many other aspects of SFBT) represent a paradigm shift (de Shazer et al., 2007) from most of the traditional, and indeed modern, approaches to therapy which concentrate on the problem: understanding the problem, analysing and interpreting the problem, getting to the 'root' of the problem, managing the problem, moving away from the problem, and other focuses which are none the less still related to 'the problem'. SFBT concentrates on what is/has been/will be happening (differently) and looks beyond the problem. This paradigm shift is probably best summed up by O'Connell (2007: 385) when he states that SFBT 'does not believe that understanding pathology is necessary for the client to collaborate in search of solutions'.

Many well-trained psychotherapists, psychologists and psychiatrists may feel an initial discomfort in not attempting to understand the pathology of the problem(s). They may feel, based on their training, that they may 'miss' something. They may even feel that it is unethical to ignore or not explore signs and symptoms of more deeply-rooted issues that they should be treating. While I am sympathetic to such concerns, based on previous constructs, training and experiences, I am also reminded of the George Bernard Shaw quote: 'All evolution in thought and conduct must at first appear as heresy and misconduct'. Most new ideas in the therapy world, as well as in science,

arts and literature, are difficult to grasp and appreciate initially. One of the nicest and most poignant things a client has ever said to me is that he had put our appointments on his wall calendar as seeing the 'not doctor'. He understood the 'paradigm shift'.

THE EVOLVING NATURE OF SFBT

After around a quarter of a century, one would expect to see an established therapy evolve, diverge and differ from the initial description of the model. This would be no different from any other therapeutic model. De Shazer and many of the founders of SFBT were clear that the 'model' was evolving and were pleased to see this evolution, as long as it stuck to the main principles of being solution focused. This statement itself represents a challenge to many SF brief therapists and SF practitioners. I have been on an international Solution Focused message list for over ten years and involved in the United Kingdom Association for Solution Focused Practice for over six years. In that time I have seen many attempts to define the essence of the main principles of SF and I've never seen total consensus, although there is of course a majority consensus on many tenets and beliefs (I discuss these in the next chapter). So what we sometimes see as SFBT now is a little different from what was initially described as SFBT. However, a good guide (apart from this book) as to whether SFBT is being adhered to is the EBTA (European Brief Therapy Association) research protocol, which can be found at: www.ebta.nu/page2/page30/page30.html. Remember though, a guide, which is what the EBTA protocol is, is only that, a guide. To be formulaic and restricted by any definition will take the Solution Focused therapist away from one of the main beliefs of the approach, which is to be client-directed in our work and not therapist-led.

THERE SEEMS TO BE THREE MAIN EVOLVING AREAS OF SFBT

When I say 'seems to be', I have to accept for myself, and make clear to the reader, that this is a personal reflection. Not every SF brief therapist would agree with my observations and assertions.

First, BRIEF (formerly The Brief Therapy Practice), which is the leader of solution focused training in Europe, has focused on the parsimonious nature of de Shazer's influence and has actively peeled away those parts of SFBT that it determines, through its client work, 'experiments' and team discussions, to be 'unnecessary' to the utilization of the model. BRIEF could be described as having a 'minimalist' approach to SFBT. In fact, some of what this organization does, as effective as it is (and it backs this up with its in-house client research), would not be seen as using all the established therapeutic 'steps' recognized by therapist accrediting organizations in many parts of the world.

BRIEF has to be respected for challenging the status quo in the therapeutic world, and there is no doubt that many practitioners (including those from other therapeutic approaches) would benefit from attending BRIEF training and learning of its

approach. That said, it is but one approach to SFBT, and one area of the evolving nature of the model. BRIEF is not alone in this parsimonious approach and many SF brief therapists take this tack. Still, it is fair to say that BRIEF's methods are 'true' to de Shazer's continual reference to and use of Occam's razor, where the simplest of competing theories should be preferred. By this I mean that BRIEF continues to ask the minimum number of questions that enable change. This 'reductionist' approach is also based on a level of understanding and experience that equals that of the early work at the Brief Family Therapy Center in Milwaukee, where even the trainees (under de Shazer et al.) had Master's degrees and two years of clinical experience (Lipchick, 2002). The practitioners at BRIEF are equally experienced and qualified, and their experiments with minimalizing the approach are not simply borne out of thin air or a desire to be minimalist for minimalism's sake. It is this experience that drives the development of experimentation. Here is the fine line to tread – that of being driven by practitioner experience and still adhering to the principles of curiosity of client direction and being led by the client.

One criticism often heard of SFBT is that it is simply a set of techniques without an understanding of process. This is flippant and not true, and I hope the reader will understand this by the end of this book. This leads me on to another evolving area.

A second 'evolution' of SFBT is to make it more 'grounded' in the therapeutic processes, even in theory. Eve Lipchick, one of the original Milwaukee founders of SFBT (along with de Shazer et al.), has been vastly influential in this arena since the publication of her book *Beyond Technique in Solution-Focused Therapy* (Lipchick, 2002). While a quieter voice in the SF world than some, her book and approach have resonated with many therapists, myself included. We feel that there is more to SFBT and how it works successfully than simply applying techniques and/or questions. Equally, there are those in the SFBT world that disagree with Lipchick's divergence with some fervour. However, this book is not going to examine these differing views; it merely acknowledges them. I would not say that I wholly accept Lipchick's assertions, though her writings are worth reading. Other writers in the SF world, especially those who originally trained in other therapy approaches, tend to talk more about the therapeutic processes than did de Shazer and his followers.

Interestingly, to become an accredited psychotherapist in many national and international organizations there is a need to 'show' an understanding of how one's model (including SFBT) addresses many of the 'therapeutic' issues, for example forming an alliance, contracting and goal setting, closures, and so on. In my opinion, SFBT does address these matters well, and I will write of these matters in this book. However, there sometimes seems to be reluctance on the part of some SFBT proponents to acknowledge this. There can be, among some SF brief therapists, an aversion to even talking about theory, an almost 'anti-theory' of the approach which I sometimes wonder has simply become a *cause célèbre* among some practitioners.

The final evolving area of SFBT is where practitioners 'integrate' SFBT with other approaches. This can be done, for example: with Prochaska and DiClemente's cycle of change (Prochaska & DiClemente, 1983, 1986; see also (O' Connell, 1998; Hanton, 2003). Some practitioners/therapists believe that as soon as integration happens SFBT ceases to be SFBT or that it is in some way 'watered down'. That may well be true, but this does not mean it is necessarily less effective. There is clearly a

difference between practising SFBT as a 'whole' therapy approach (some use the word 'pure'; I don't) and using SF as a focus within another model or practice (this is SFA/SFP).

When teaching SFBT, or indeed SFA/SFP, to established practitioners and professionals in the therapy and non-therapy world, I take the SF understanding that I am not an expert in these practitioners' lives and practices. I accept that they may *begin* using SF by applying some of the interventions and techniques learnt in small, yet significant ways. They may then begin to use them more frequently until they eventually find a way of using SF as their main approach, which of course may not be therapy – it may be SFA/SFP. It is interesting that I have mentioned several well-known names in the SFBT world who started out as non-therapists. By integrating SFA/SFP in their professions, they then went on to become accredited therapists. I count myself among them.

Many of the readers of this book will begin by experimenting with or integrating SF interventions within their existing practice, as described above. They may then choose to develop their practice so that they use SFBT in its entirety with clients. It is my belief that either way is 'acceptable', though one could not say one is doing SFBT by simply applying some of the practice within a different approach.

My assertion would be to point to the inevitability of differences in therapeutic practice as the numbers of SF brief therapists grow, though also to make clear the difference between using Solution Focused Brief Therapy and using solution focused approaches. It is useful here to acknowledge this debate, without exploring it too far in a therapy skills-based book. The original founders of SFBT were open 'to whatever works' (Miller, 2008). This is sometimes forgotten by the partisan nature of some SF brief therapists.

FINALLY…

To write this book I have drawn on what is now over 16 years of SF practice, SF training and SF supervision, including nearly 3,000 hours of direct therapy. I have drawn on hundreds of conversations with skilled practitioners and therapists and very skilled clients. I have gathered exercises and 'snippets' from many places – my handouts, other people's ideas, and places I cannot even remember. If I do not thank people personally (usually because I can't remember the exact conversation or context), then I apologise. However, I will acknowledge from the start that while I have tried to put as much original thought into this book as I can, I am indebted to a great many people along the way.

Throughout the book you will see there are snippets of case studies, questions that have been asked and answers that have been received. They are all real or based on real client meetings. However, as one would expect, they have been heavily doctored so as to protect individuals' identities. As a caveat I would also point out that some of the examples given are not 'exact' words, but a recollection of conversations where I have not had notes to refer to.

You will meet Sally, a very interesting character and someone who presented a huge challenge to my normal pace and style. She is someone with whom I worked

for a long time (for me). She struggled to maintain an SF focus, yet she trusted in the model.

You will also find some exercises: some personal ones and some to use with others, including clients. You will also find some photocopiable resources, pointers to further reading and links to some useful websites.

Enjoy this book. 'Dip in' to parts of the book as you need to – it is designed to do just that. Use the exercises, read further, visit websites and hopefully you and your clients will experience the liberation that SFBT brings to therapy sessions. My advice is to try to 'understand' the difference from the established therapy world that SF thinking brings without casting aside all that you know already.

As you read through the book please remember that while the techniques and interventions seem easy enough to use (as this book is designed to do), Solution Focused Brief Therapy 'takes time and experience to master, just like any other therapeutic approach' (Lipchick, 2002: 6).

RECAP: INTRODUCTION

This chapter has looked at the terms used throughout the book. It has also looked briefly at the origins of SFBT and how it has evolved till now, including in the non-therapy world (SFA/SFP). And it will have given the reader a clear idea that this is a skills-based book, and not theory- or jargon-heavy.

PERSONAL REFLECTION

Think about what you will use this book for, how you will know it has been a useful book, and how others might know that you are reading about or using SFBT and that it is in some way useful. Also think about how you will know that you are starting to understand what SFBT is, what are the clues that you 'get it'?

TRY THIS

Enter the terms 'Solution Focused Brief Therapy' and 'Brief Therapy' into a search engine on the internet and see how many 'hits' there are. Compare this with any other therapy approach and see the extent to which SFBT has become known, and for what.

KEY TERMS USED IN THIS CHAPTER

SFBT, SFT, SFA, SFP, Solution, Focus, Focused, Brief, Therapy, Approaches, roots, history, evolvement, de Shazer.

SUGGESTED FURTHER READING

George, E., Iveson, C., & Ratner, H. (1999). *Problem to solution* (2nd Edn.). London: BT Press.
BRIEF are hugely influential throughout the UK, Europe and beyond. This easy-to-read book is an excellent introduction to SFBT by three well-known BRIEF trainers.

Lipchik, E. (2002). *Beyond technique in solution-focused therapy*. New York: The Guildford Press.
Written by one of the original 'Milwaukee founders' of SFBT, we see in this book a marked departure from the parsimony associated with the model. Lipchick explores theory and emotions.

O'Connell, B., & Palmer, S. (2003). *Handbook of solution-focused therapy*. London: Sage.
A UK handbook, with chapters from many of the 'leading lights' in their respective SF fields, it covers group work, research, social work, and much more. Each easy-to-read chapter follows a similar format.