CHAPTER ONE

Counseling in Schools and Other Settings: Problems and Solutions

Picture yourself right out of graduate school with a degree in school counseling, eager to demonstrate your effectiveness counseling students at a school that has just hired you as their school counselor. You have wanted to be a school counselor for as long as you can remember.

A year passes and the picture has dimmed. You have become overwhelmed with your assigned responsibilities and find little time to counsel students. When you make the time to counsel students, you find yourself feeling discouraged because you only have time to give students a few sessions, and this leaves you thinking, "What can I accomplish in a few sessions, so why bother?" Because your main motivation in becoming a school counselor was to counsel students, you become disillusioned and question your decision to enter the field.

Then a flicker of hope appears when you learn of a counseling model that seems ideally suited for schools. This approach, called solution-focused brief counseling (SFBC) or therapy, appeals to you

because it focuses on students' assets rather than their deficits, and only a few meetings are needed to help students get on track to resolving their issues. Because many of the steps in the SFBC process resemble techniques you learned in other approaches, the model is relatively easy for you to master.

As you use this solution-oriented approach to change the focus of counseling from problems to solutions, you begin to notice a change in the students you counsel. They seem more confident as they begin to recognize their strengths and resources that were previously unnoticed. You observe your students repeating their successes, which in turn beget other successes. Your sessions have a positive focus, leaving you and your students feeling upbeat. And because the students are doing all the work in your counseling meetings, you are going home after work energized and full of hope.

This sounds too good to be true; however, practicing SFBC in schools can help counselors deliver the kind of assistance that drew them to the profession, and it does brighten counselors' outlooks. As one elementary school counselor described, she no longer goes home depressed, thinking of all the unpleasant conditions her students face. Instead, she focuses on solutions and achieving goals. She noted, "I find myself more helpful to children more of the time and that makes me feel great knowing I'm doing what my title describes" (M. Cavitt, personal communication, February 15, 1996). Another elementary school counselor reported that:

> I am very excited about this new counseling technique I learned from Dr. Sklare [in an SFBC workshop] . . . for it has gotten me results right away. So much so that some of the teachers are asking me to come back right away for follow-up sessions. . . . If you knew what a rough year I have had, you would understand why this is so exciting for me. I feel as if I have come out of a dark cloud. . . . only to rediscover the "me" that loves to work with students. . . . I've sort of had a "reawakening" of who I am with a stronger passion for living life. (D. Nichols, e-mail, March 28, 2013)

But why are so many school counselors feeling they can't deliver the help they were trained to give? Practicing school counselors commonly cite the lack of training in counseling strategies

that can actually be applied given the realities of a school setting. Counselor education programs typically emphasize theoretical models of counseling that require longer-term therapy than school counselors have time to offer or that school districts want for their students. School counselors do not have the time or, in some cases, the training to provide such therapy. Long-term therapy is beyond the scope of the school counselor's role (American School Counselor Association, 2012; Hatch, 2013). Although it is important for counselors to understand the theoretical under-pinnings of psychoanalytic, psychodynamic, gestalt, behavioral, transactional analysis, rational emotive behavioral, Adlerian, and person-centered counseling, expecting school counselors to apply these models in a school setting is unrealistic.

In many settings, mental health professionals are facing pressures because of large caseloads coupled with requirements from managed care or insurance companies to limit the number of sessions for each client. The SFBC model is especially relevant in light of these demands. I am receiving increasing requests from agencies and professional organizations to provide SFBC training to psychologists, social workers, and mental health counselors. Feedback from mental health professionals using the model confirms the benefits of the solution-focused approach in these settings. As an example, the day after I conducted a 6-hour SFBC training session for 20 therapists at a mental health agency, the director at the agency reported:

> I just did LCSW supervision with one of my social workers who was at your training yesterday. This is a really great therapist already. She had just finished a session where she worked your Solution Focused model step by step, and it went fantastic. She said it was one of her best sessions ever and this client of hers who is depressed had more energy and drive than she has had in any session before. She shared the Messages they wrote to one another in the session. It was just awesome. She's so excited! (J. Hulette, e-mail, October 31, 2013)

I met with this same director 10 weeks after the training and she reiterated the benefits of the solution-focused approach, noting that when therapists at their agency "focus on

client's problems day in and day out they tend to get secondary trauma and it is hard for therapists to get past the problems and have hope for their clients." She observed these changes when the clinicians used SFBC:

> They had a renewed sense of hope that their clients actually were better than when they had originally seen them and they became excited to help clients explore their strengths. This made my therapists feel empowered as a therapist and made them feel more helpful to their clients. I think it has made them better therapists for all their clients, not just the ones with whom they used the solution-focused model. (J. Hulette, personal communication, January 13, 2014)

A clinical psychologist in a mental health agency shared the following comments about her experiences using the solution-focused approach presented in this book with some of her more severe cases:

> Though I had been trained in solution-focused techniques 15 years ago and utilized the strategies with many clients, I had not felt confident in using it with several client types. Following a training by Dr. Sklare, I challenged myself to try this method with my more severe and complex clients. I have been happily amazed. The power of the technique is still present with complex cases. I have begun to recognize decision trees in my mind about when and how to integrate it and found little reason not to use it as a primary tool for many of them. Working in a community mental health agency, most of my clients have suffered severe trauma, have few if any resources, and frequently have chronic illnesses. Many clients spend years in treatment, if not the majority of their life. However, the culture of being "raised in therapy" is a thing of the past given managed care and other financial limitations of services.
> Solution-focused therapy can be a powerful tool to achieve goals and objectives in a more focused and fast-paced manner. Review agencies are fond of clear goals,

scaled objectives, and measureable progress in the documentation they review. The Message [that the therapist writes to the client at the end of the session] is a wonderful tool to identify the plan for the client and therapist between sessions that is expected in documentation.

I find that parents are especially responsive to solution-focused techniques. Parents are very vulnerable to being perceived as "a bad parent." This is often experienced as humiliating, and parents can come to treatment for their child with significant defensiveness. Solution-focused techniques dissolve such defensiveness. It automatically places them as the expert and reinforces their self-view enough to tolerate considering change.

I have been working in this CMHC for 19 years now. I can say that solution-focused therapy has a place here. Dr. Sklare's training brought new enthusiasm to our staff who deal with such traumatic and difficult cases. Several have talked about a new hope, a new sense of confidence they have something to offer even our most disturbed clients. Instead of sessions ending on sad and defeated notes, more are ending with hope and a message both the client and therapist can hold on to. It has a wonderful impact on both our clients and our staff. (E. Jackson, e-mail, January 16, 2014)

Because the SFBC process described in this book is suitable for use by school counselors and mental health practitioners in a variety of settings, throughout the book the term *client* will be used to apply to students as well as other individuals in counseling or therapy.

Most counseling approaches used in counselor education programs focus on problems, thus implying that something is wrong with the client. With this perspective, clients' reluctance to talk to counselors who stress their faults is understandable. Furthermore, this emphasis on deficits usually leads to an extensive and time-consuming exploration of problems, etiology, histories, and causes. SFBC addresses both these issues. Because the model doesn't call for exploring the history and causes of the problem, counseling becomes brief. Furthermore,

by emphasizing clients' strengths and resources rather than deficits and failures, solution-focused counseling has a positive focus that empowers the client.

Frequently, youth who come to counseling are referred by school personnel, parents, or the courts. Rather than being "customers" of counseling, they come as "visitors," usually honoring either a request or an ultimatum. As a result, they may not commit themselves to the process. In these cases, the real customers are the parents, teachers, administrators, or other adults who want the client to change. Sometimes they, rather than the client, "own" the problem. Some youth who are referred to counselors may view counseling as really serving those who sent them, which may result in resistance. Because the model emphasizes clients' positive attributes and strengths, it tends to increase clients' willingness to participate in counseling. In addition, the SFBC model features specific interventions that help convert visitors to customers.

ORIGINS OF SOLUTION-FOCUSED BRIEF COUNSELING

In the late 1960s, solution-focused counseling grew out of Steve de Shazer's observations of what occurred when he began to ask clients to notice what was better in their lives between sessions (de Shazer & Molnar, 1964). Attention to problems that brought clients into counseling was not part of the assignment. Remarkably, two thirds of his clients reported that things were better by their next session. Among the one third who did not indicate that things were better, half of these clients began to discover improvements that had first gone unnoticed. This was significant—solutions were occurring but often went unrecognized unless attention was redirected to highlight these successes. It is also interesting that many of the things that clients reported were better had nothing to do with the problem that had brought them into counseling in the first place.

De Shazer's new approach capitalized on the fact that most clients could identify times when the problems that brought them into counseling were less severe or absent altogether. For example, typically clients who sought treatment for depression were not

always depressed 100% of the time. Usually there were times when depression was absent or less noticeable. By focusing on these exceptions to the problem, solutions previously unrecognized could be identified. This new approach also reflected a shift in emphasis from the traditional problem focus to a solution focus, where exploring the problem was minimized.

As solution-focused methods continued to develop, Weiner-Davis, de Shazer, and Gingerich (1987) concluded that perhaps positive change could take place even before the first counseling meeting. They began to ask individuals who called for appointments to notice between then and the time they came in for their first appointment what was better in their lives. Amazingly, they reported the same results that de Shazer found with the task assigned for clients to accomplish between sessions. Clients noted that perhaps the problems had been overemphasized. This finding led de Shazer and his colleagues to conclude that focusing on solutions rather than problems would be far more effective, a major philosophical shift in the counseling field. This led to one of the basic assumptions underlying SFBC—the notion that you tend to get more of whatever you talk about, whether positive or negative.

A number of innovative practitioners built on de Shazer's early work, particularly in the 1980s and 1990s (Berg & Miller, 1992; Berg & Steiner, 2003; de Shazer, 1985; O'Hanlon & Weiner-Davis, 1989; Selekman, 1997; Sklare, 2000; Walter & Peller, 1992). Through their efforts the solution-focused approach grew to have significant impact in school and mental health settings.

DIFFERENCES AND SIMILARITIES

As with most counseling approaches, when SFBC is compared to other methods, differences as well as similarities become apparent. As previously noted, one of the fundamental differences stems from the movement to a solution focus, which removed the need for in-depth exploration of the historical antecedents of clients' problems. Removing investigation of the causes and origins of problems from the process dramatically shortens the time needed for counseling. When the focus is on solutions, counseling becomes brief. Moreover, as the focus changes to solutions, actions gain importance and insight is deemphasized. The solution-focused approach

also differs from some counseling approaches in that it builds on the belief that changes in behavior lead to changes in feelings.

Ratner, George, and Iveson (2012) elaborated on the shift away from problems and toward solutions. They note that "at the heart of the solution focused approach is the invitation to the client to develop a detailed description of a picture of life when their best hopes from the therapy have been achieved and this picture is not determined by the problem that brought the client to therapy" (p. 241). Departing from the traditional focus on problems, diagnosis, and history can be an obstacle for experienced counselors because SFBC calls for a major shift in philosophy. This represents one of the biggest challenges especially for counselors who have been practicing—departing from the traditional focus on problems, diagnosis, and history.

SFBC also calls for clients to determine their own outcome or goal for counseling. Counseling focuses on clients' desires, not on the desires of the counselor, administrator, or mental health provider. Clients are viewed as being their own experts—they know what is best for them. Having faith in clients' abilities to identify their goal conveys confidence and respect, and when individuals are permitted to determine their own agenda for counseling, resistance diminishes. Giving up the role of the expert who knows what's best for clients may be difficult for mental health professionals. Effectiveness in using this method depends on the willingness to embrace this belief in clients' abilities, to allow clients to do all the work and assume all the responsibility, and to recognize that regardless of clients' past experiences or background, change for the better is possible.

Perhaps the most profound difference in this model compared to other approaches lies in the way the SFBC's positive nature impacts children and youth. As an example, after 3 weeks in which I used SFBC to counsel at-risk middle school students, the school secretary reported to me that she had asked these students the same two questions. The first was, "Do you want to come back and see the counselor again?" They enthusiastically responded, "Yes, I would like to do that." As a follow-up question she asked, "Do you think he [the counselor] wants to see you?" They emphatically responded, "He sure does!" These students had gained confidence by recognizing they were capable of being successful and were ready to demonstrate they could do it again. Students

seemed pleasantly surprised that a counselor or administrator would talk to them about what they were doing right, when their past experiences were generally negative because discussions focused on what they were doing wrong.

As another example, a fourth-grade boy I counseled with SFBC commented at the beginning of our second session, "I like coming here, for this is the first time anyone has talked to me about the things I do good." I have found this simple but remarkable statement to be a powerful reminder of the profound difference between SFBC and the other interventions and interactions that many students encounter in their daily lives. As another indicator of students' reactions, friends of some of the students I had counseled requested counseling for themselves and made comments such as, "Bridget isn't getting in trouble anymore, so I want you to fix me up like you did her." Accentuating children's previously unrecognized resources challenges and motivates them to prove their competence.

SFBC With Children

The emphasis on action over insight makes SFBC an effective model for working with children. Since insight is not necessary, this approach offers a good fit because at some ages, youth do not have the cognitive skills essential to understand where they are and how they got there in the same way adults are able (Kral, 1994).

Solution-focused counselors found that by using their clients' words, counseling became easier for clients to comprehend. By using clients' language, counseling was personalized to meet their needs. Helping clients communicate at a familiar level and recognize that they are understood creates an ideal situation.

Another aspect of this method suits children well—the focus on using language that directs them to take positive actions. Children arrive at your door most often because the person referring them wants them to *stop* doing something (fighting, disrupting, talking, arguing) or *start* doing something (homework, cooperating, paying attention, being on time). Focusing on something the client doesn't want to do or wants to stop doing constitutes a negative goal. Negative goals are difficult for everyone—regardless of age—to accomplish, because, to imagine yourself not doing something, you must replace those thoughts with

thoughts of what you *will* be doing instead. Developmentally, children especially need to identify the specific actions they need to take, which is exactly what the solution-focused method facilitates.

SFBC With Diverse Populations and Cultures

Public schools have increasing numbers of students from culturally diverse backgrounds (Holcomb-McCoy, 2001). In fact, projections indicate that, by 2020, the majority of students in public schools will come from diverse cultural, ethnic, and/or racial backgrounds (Campbell, 1994). Similar trends are being seen in the populations served by mental health agencies.

In some cases, cultural differences can be associated with issues related to trust. Some reports indicate that this may be particularly true for African American students (Biafora, Taylor, Warheit, Zimmerman, & Vega, 1993; Phelps, Taylor, & Gerard, 2001). This causes students to feel uncomfortable or unfamiliar with the idea of seeking help from outsiders like school counselors or mental health professionals. This may be the case for children from Latino backgrounds (Altarriba & Bauer, 1998). With children of Latino decent being the fastest-growing population of school-aged children in the United States (Aviles, Guerrero, Horwarth, & Thomas, 1999), schools need to find ways to best serve these students.

The issues stemming from cultural differences have led administrators, counselors, and mental health providers to seek a new understanding of how best to provide counseling services to youth from a variety of cultural backgrounds. As an example of the attention that has been directed to these needs, as long as 15 years ago an entire issue of the *Journal of Counseling and Development* (Robinson & Ginter, 1999) was devoted to the topic of diverse populations and the need for special care when counseling people from different cultural backgrounds.

Fortunately, many characteristics of the solution-focused approach make it an ideal counseling approach with diverse populations. SFBC sessions focus on clients' experiences within their own frames of reference—not the counselor's. In addition, SFBC uses clients' terms and phrases rather than the counselor's, recognizes that clients are the best experts on themselves, and focuses on strengths rather than weaknesses and on solutions rather than

problems. As a result, concern about discussing problems outside the family is not as likely to arise. These aspects of the SFBC model help clients from diverse backgrounds and cultures overcome their resistance to counseling.

DeJong and Berg (1998) found that 80% of African American clients and 82% of Latino clients (although the study had a small sample of Latino clients) compared to 71% of Caucasian clients of all ages either met their goals or made progress toward their goals as a result of SFBC. Many of the cases presented in this book were with African American students who came from economically disadvantaged neighborhoods. The success of these students in overcoming their difficulties was inspirational.

The SFBC approach also has had an impact beyond the United States. The fact that, so far, this book has been published in Japanese, Korean, Chinese, Turkish, and Greek is testament to solution-focused counseling's appeal in a range of cultures.

Similarities

Many of the skills associated with SFBC are shared with other counseling approaches. Listening, responding with empathy, asking open-ended questions, supporting, reinforcing, identifying goals, and applying scaling methods are but a few of the techniques SFBC has in common with other mental health applications. The transition to a solution-based approach will build on many of your current skills.

As with any counseling model, this approach may not be effective with all clients. Some may not want to be "fixed" because they may just want someone to listen to them. Clients who have recently experienced a loss may not yet be ready to find solutions.

Preparing Clients for How SFBC Differs

Some clients may be cautious about your new approach and reject your assistance. Making clients aware of your rationale for using this different approach may help alleviate their suspicion. For instance, if it is the client's first visit to a counselor, you could say, "When you were sent to see me, my guess is that you were expecting to talk about things that were going wrong in your life. Instead we're going to do something different. Rather than talking

about problems, we're going to focus on times when things have been going better and what you did to make that happen."

If the client has seen you or other counselors before, you could say, "I know you've discussed your problem with me [or other counselors] before and things may not have worked out. We're going to try something different this time. Rather than discussing problems, we'll spend our time talking about your strengths as well as resources you have used to make things a little better during times when you'd typically have the problem. Then we'll talk about how you made that happen."

EFFECTIVENESS

Solution-focused brief counseling (also called solution-focused brief therapy) has been recognized as effective in a number of publications (Bruce, 1995; Franklin, Moore, & Hopson, 2008; Guterman, 2013; Kim & Franklin, 2009; LaFountain, Garner, & Eliason, 1996; Littrell, Malia, & Vanderwood, 1995; Murphy, 1994; Pelsma, 2000; Ratner et al., 2012; Sklare, Sabella, & Petrosko, 2003; Thompson & Littrell, 1998). DeJong and Berg (1998) reported that 78% of children 12 years old and younger and 89% of children 13 to 18 years old made progress toward their goals in counseling 7 to 9 months after solution-focused brief therapy. Franklin, Biever, Moore, Clemons, and Scarmado (2001) studied the effects of solution-focused counseling on special education fifth- and sixth-grade students with behavior problems. Results revealed those students receiving solution-focused counseling made positive changes with a range of behavioral issues.

Cook and Kaffenberger (2003) conducted a solution-focused study skills group for middle school students and found that 50% of the students improved their grade point averages. The students' teachers and administrators reported positive benefits as well. Another study focusing on academics (Newsome, 2004) found that at-risk middle school students exposed to solution-focused counseling in a group setting increased their grade point average from pre- to posttreatment compared to the at-risk students who did not receive the solution-focused intervention. Saadatzaade and Khalili (2012) also conducted a study to measure the effectiveness of solution-focused group counseling on male high school students' academic achievement and their ability to

self-regulate, which entails their ability to assess their own progress and adapt strategies accordingly. They found that students exposed to the solution-focused group showed a significant improvement in their grades and self-regulation compared to the students in the control group.

Corcoran (2006) examined the effectiveness of SFBC compared to cognitive behavior therapy with children exhibiting behavior problems. He found that both approaches were equally effective in eliciting significant improvements as measured by rating scales completed by parents. A meta-analysis of solution-focused brief therapy outcome studies (Kim, 2008) indicated that solution-focused approaches yield results comparable to other psychotherapies. Kelly, Kim, and Franklin (2008) reported that solution-focused therapy has shown similar success as other forms of therapy but generally achieved the results in fewer sessions. Because SFBC tends to be effective with fewer meetings compared to other approaches, this makes it ideal for school counselors with large caseloads.

CORE "RULES"

As with any counseling model, there are core beliefs or "rules" that lead to the most effective implementation of SFBC. De Shazer (1987, p. 59) and Berg and Miller (1992, p. 17) have proposed three basic rules to guide counselors using SFBC.

Rule 1: "If It Ain't Broke, Don't Fix It"

The first rule borrows from the old saying, "If it ain't broke, don't fix it." Making an issue out of something that is not an issue for clients can cause difficulties in areas that were previously manageable to them. Counselors should focus on generating solutions, not additional concerns. This rule also reflects the philosophy that clients—not counselors—determine the goals for counseling.

Rule 2: "Once You Know What Works, Do More of It"

Rule 2 is, "Once you know what works, do more of it." The counselor gains valuable information by recognizing those interventions that seemed to lead to the client's progress. Once successes

are identified, counselors have clients replicate them. Avoid the temptation to become more elegant or try something different to move more quickly. An assignment or intervention that has worked previously has an excellent chance of succeeding again.

Rule 3: "If It Doesn't Work, Don't Do It Again. Do Something Different"

The third rule states, "If it doesn't work, don't do it again. Do something different." The American work ethic promotes the concept that "if at first you don't succeed, try, try again." When trying again, it is important to use different strategies to yield different results. In counseling, however, when confronted with difficulties, clients tend to use the same familiar coping strategies because that is what they know how to do. Walter and Peller (1992) describe a common example of this phenomenon, wherein people repeat ineffective strategies over and over. People often misplace an item such as a wallet or a set of keys. After thoroughly searching for the item and not finding it on the kitchen table, they check the dresser in the bedroom unsuccessfully, followed by the pocket of their coat, and then back to the kitchen table once again. If the item was not on the table before, why would it be there now? Repeating something that didn't work doesn't make sense; continued exploration in new locations is a more logical choice. Subscribing to this third rule helps counselors reformulate their ideas about resistance, because when clients demonstrate reluctance or appear uncooperative, they may be telling counselors what does not work.

SOLUTION-FOCUSED ASSUMPTIONS

The philosophy of any counseling approach carries with it basic assumptions counselors need to internalize for the model to work. Adhering to these assumptions keeps the counselor on track. Various solution-focused practitioners have articulated in their own way the assumptions inherent in the solution-focused approach. Walter and Peller (1992) are to be credited with the concepts described in the five assumptions that follow.

Assumption 1: Focusing on Success Leads to Solutions

The first assumption contends that when we concentrate on successes, beneficial changes will take place. Direct the focus toward what is right and working for clients as opposed to what's wrong and troublesome. Practicing "solution talk" rather than "problem talk" facilitates the process. This can be a rather difficult assignment for novice solution-focused counselors because most mental health providers have been conditioned to look for problems. Shifting from problem to solution identification requires conscious effort and repeated practice.

Many years ago, this concept was exemplified in the forward-thinking work of Hosford, Moss, and Morrell (1976) with inmates who stuttered. After recording conversations with prisoners, a second edited recording was made from the original with all stuttering removed. The convicts listened to the edited recording that featured their talking without any trace of stuttering. Their stuttering was significantly reduced as a result of focusing on the positive and the solution rather than the problem. I suggested this same solution-oriented approach to the coach of a university basketball player to improve the player's free throw shooting. An edited video that demonstrated his shooting free throws with perfect form and accuracy was prepared. Prior to games and practice, the player watched the tape, then closed his eyes and imagined himself shooting with perfect form. His habit of only focusing on the solution—an accurate shot—resulted in his missing only one free throw for the entire season!

Assumption 2: Every Problem Has Identifiable Exceptions

The second assumption asserts that every problem has identifiable exceptions (or instances of success) that can be found and transformed into solutions. Clients are inclined to view their problems as always happening, when, in reality, their problems fade away at times. Clients become so immersed with their issues that they often fail to see the instances when the problem isn't present. Clients fail to recognize the significance of these exceptions. It is up to counselors and other mental health professionals to listen

carefully for hints that signal where, when, and how exceptions occur as a step in helping clients develop solutions.

As an example, Jean, a seventh-grade girl, requested help because she and her older sister, a junior in high school, didn't communicate often, and when they did, they continually argued about who was right and who was wrong. Then, each tried to prove the other wrong with a report to their father. Jean desired to end this conflict.

After the counselor inquired about when their relationship was somewhat better, Jean recalled an incident 2 months earlier in which she and her sister talked about what was going on in their lives and, for a few days afterward, they didn't argue or report to their dad. Jean recalled that her sister even "took up for her" on one occasion. Although the exception was hard to find initially, with some probing it was discovered. Jean was assigned the task of doing more of what worked. In the second meeting a week later, Jean reported that she had been talking with her sister and had stopped telling on her, and her sister had responded similarly. They started to become allies and to do some things together. Jean's father remarked to Jean and her sister that he had noticed fewer quarrels and that he was happier seeing this. This was apparent to Jean as she noted that he began to smile more when he came home. The identifiable solutions were there all the time, hidden in the exceptions to Jean's problem. Three meetings between Jean and her counselor were all it took to get Jean on track toward a healthier relationship with her sister.

Assumption 3: Small Changes Have a Ripple Effect

The third assumption is that small changes have a ripple effect that expands into larger changes. Once people get to know one another, they become somewhat predictable and come to anticipate each other's behaviors. When clients alter their behaviors ever so slightly, it causes a chain reaction in response to the initial change. Those affected by the change find themselves adjusting their responses, which in turn elicits further changes in clients. As in Jean's situation, when she became supportive of her sister, her sister became supportive of her. They began to do things with one another. The changes between the sisters also had an observable, positive effect on their father.

Assumption 4: Clients Know Themselves Best

The fourth assumption recognizes that all clients have what it takes to resolve their difficulties. Who knows clients better—so why not use their expertise? By highlighting clients' strengths rather than focusing on deficits, changes occur more rapidly. Counselors and clients together face the task of fully exposing moments of success and, perhaps most important, identifying what clients have done to make these moments happen. Exploring clients' "road maps" to success steers them toward an empowering adventure.

Assumption 5: Positive Goals Are More Effective

The fifth assumption calls for clients' goals to be viewed in positive terms, reflecting what clients want to do, rather than in negative terms, reflecting something they don't want to do. It is unlikely that clients can picture something not happening. To do this, clients must envision something else occurring in its place. Constructing a goal of *not* doing something—in other words, a negative goal—is unproductive for several reasons. Typically, a negative goal does not lead to productive action, and it fails to give the client a direction for how to succeed. Also, a goal stated as the absence of a behavior is difficult to measure. As clients relate their goals in negative terms, recounting what they don't want, counselors are charged with helping clients identify positively worded goals that reflect what they do want to happen in concrete, behavioral terms. Clients are motivated as they envision themselves accomplishing a measurable goal.

ADDITIONAL GUIDING CONCEPTS

In addition to the preceding core rules and assumptions, several additional concepts provide direction for implementing this model.

Concept 1: You Get More of What You Pay Attention To

"You get more of what you pay attention to" is a concept that has much to do with the success of solution-focused counseling. In its simplest interpretation, it means that if you pay attention to

what doesn't work, you get more of the problem; if you pay attention to what does work, solutions become apparent and multiply, leading to a ripple effect of positive change.

In the big picture, clients typically miss things that are working for them. Instead they tend to direct their attention to what is wrong and not working. As a result, problems grow disproportionately in relation to the solutions, which generally go unnoticed. Focusing on problems in the counseling session only perpetuates this tendency.

People also tend to describe problems as *always* happening or goals as *never* being attained. Typically these absolutes are not true 100% of the time. Clients aren't always losing their tempers, arguing with their parents, or never doing homework. Typically there are instances when they are controlling their temper, cooperating with their parents, or completing their homework. These moments of success are frequently forgotten or generally unrecognized. Therefore, it is important for counselors to pay particular attention to indications of what works for each and every client so that these solutions can be replicated. In adhering to this concept, counselors commit to the belief that all people have been successful in overcoming their problems at various times in their lives. They have the ability to succeed again.

In a related concept, de Shazer (1988) noted the tendency of clients to describe their problems using "I am" statements. For example, when the counselor asks clients what's the reason you have come to see me, clients tend to reply with statements like "I am sad" or "I am fearful" in the same way that they might say "I am female" or "I am American." It's as if the symptom that brought them to counseling is a permanent trait, like gender or nationality. Focusing on exceptions to the problem encourages clients to recognize that their symptoms are not permanent traits. It shifts attention to resources and positive behaviors, which in turn evokes more of these constructive actions. In simpler terms, it reflects the concept that you get more of what you pay attention to.

Concept 2: Avoid Problem Analysis

Philosopher Ludwig Wittgenstein once said, "It's a mistake to look for an explanation when all you need is a description of how things work." SFBC addresses what is working for children and youth instead of exploring the etiology of their problems.

In contrast to SFBC, a counseling session focused on etiology—describing the client's problem, how long it has been a difficulty, why the problem started—and how the problem makes the client feel is less likely to give the individual a strategy for change. In fact, this kind of problem-focused meeting is likely to leave clients feeling hopeless, defensive, and negative. Moreover, it is also likely to leave clients feeling less responsible for their behavior.

However, if you pay attention to when the problem is less evident or absent during times when it would typically occur, solutions come to light. In a solution-focused counseling session, clients are likely to feel more positive, hopeful, and capable of recognizing their ability to achieve the change they desire.

Rudy, a sixth-grade boy, was referred to me because he could not control his temper, which resulted in his cursing and fighting in school and in the trailer court where he lived. Because of his outbursts, his mother and stepfather were being threatened with eviction. Rather than embarking on an in-depth exploration of the causes of his temper, cursing, and fighting, we focused on when this wasn't a problem for him. This reinforced Rudy's ability to control himself. His situation improved after several sessions.

Concept 3: Be Efficient With Your Interventions

One goal is to get clients in and out of counseling as quickly as possible. Typically, therapists spend much time trying to discover the source and cause of problems; in contrast, solution-based counselors quickly focus on solutions that work. Counselors must avoid making clients dependent on them for long-term answers when all clients may need is a nudge to start them on a path toward their own solutions. With time constraints often dictating counselors' agendas, getting the most accomplished in a minimum number of interventions is essential.

As an example of efficient interventions, a 13-year-old middle school boy named Derek saw a friend severely injured when he shot himself in the head with a 22-caliber pistol he thought was loaded with blanks. Four days after the incident Derek was feeling bad because he didn't stop his friend, and he requested counseling. In just one session, Derek was helped to recognize the following solutions that were already working for him: When he felt he needed to express his feelings about the incident, he realized that it

helped to initiate a conversation with the victim and his mother. He also recognized that sometimes he needed to be physical to relieve tension, so he played basketball. One meeting with Derek to identify and reinforce the solutions that he already had started to construct was all it took to relieve his feelings of stress about the incident.

Concept 4: Focus on the Present and Future

SFBC has clients paint a picture of how their present and future will look when they are successful in resolving their problems. This sends a clear message that counselors believe in their clients' abilities to overcome their adversities. Past events are emphasized only in the process of finding exceptions to problems. In contrast, most conventional therapeutic approaches expect clients to investigate and understand the past as a precursor to changing their behavior. This can be so overwhelming to many clients that they use the past as a scapegoat to inhibit personal growth.

In contrast, SFBC only considers the past and present as tools to discover successes that may have been overlooked. These previously unrecognized successes hold the key to future success. This was the case with James, an eighth-grade boy, sent to me because of his low self-esteem. He had fallen off a bike when he was 8 years old and nearly died from the resulting head injury. He took longer than others his age to formulate responses to my questions. He spoke in a slow and deliberate manner, often saying that the questions I asked were hard to answer. However, given enough time, he was able to respond. He was failing most of his classes, except for several D's. His goal for counseling was "to stop feeling dumb and to feel smart sometimes." Focusing on the present, we searched for occasions when he felt a little less dumb or even a little smart. He noted that he had been more successful and felt more okay about himself when he blocked out distractions in class so he could focus on what the teacher was saying. During one of our sessions I asked James how he was able to stay focused on our session when loud noises outside were permeating the office. After thinking about the question for a few moments, he smiled broadly and replied, "I watched your lips." He applied this discovery in the classroom where he watched his teacher's lips in order to block out distractions during class. He also reported feeling better about himself when he went to the library after school to do his

homework instead of going home and when he asked to be tutored during the last period of the day. James did improve several of his grades from F's to D's and C's, and he even scored 100% on a science test for the first time. According to James, these improvements helped him feel smarter.

Concept 5: Focus on Actions Rather Than Insights

Children's cognitive development limits their ability to comprehend insights about their problems. Insight development also requires a time commitment that clients and counselors often do not have. Furthermore, Metcalf (1995) points out that "knowing why we are the way we are doesn't offer solutions. As clients discover why they are sad, angry or shy, they often use the information as a symptom and reason for not succeeding" (p. 19). Historically, the psychological community has espoused the belief that clients need to know why they got to be the way they are and that this insight is required for change. Yalom (1995) argued against this position because he found that insight is not a precursor to change.

The following case highlights the value of targeting actions over insights. I worked with a 12-year-old girl, Tiffany, who was referred because she repeatedly fought with other students and argued with and swore at her grandmother and her teachers. She was on the verge of being removed from the honors program and placed in a class for students with behavior disorders. Tiffany's grandmother was raising her because Tiffany's mother didn't want her. Many traditional counselors would have pursued insights surrounding her hostile behavior as it might relate to her mother's rejection. However, because Tiffany's goal was to get along better with classmates, teachers, and her grandmother, counseling targeted what she was doing (her actions) during the times when she was able to control her temper and get along even a little better with them. By our third meeting, she had improved so much that she was no longer being considered for the behavior disorder class and was asked to tutor some of the children with behavior disorders at a neighboring elementary school once a week. She was so effective that the behavior disorder teacher at the elementary school requested that Tiffany come to the school every day. Moreover, her grandmother was reported to have commented, "I like my new Tiffany better." Although Tiffany still had her ups and downs, her behavior and relationships improved significantly.

SUMMARY

SFBC has been shown to be an efficient approach that enables school counselors and other professionals to provide effective counseling to their clients, including young children and clients from diverse populations. By focusing on solutions rather than problems, counseling becomes brief, which is ideal for school counselors and other mental health professionals with large caseloads. The emphasis on clients' strengths and resources builds their confidence.

A final note: When first beginning to use SFBC with clients, you may encounter situations that throw you off track. Often, when this occurs, you will switch to what you know best—the counseling or other approaches you typically use. It is my hope that this book will prepare you to address impediments that may surface during a SFBC interview to help you to avoid abandoning the solution-focused model.

PRACTICE EXERCISE

The following exercise will help you experience the same impact that clients experience when the focus shifts from problems to solutions.

Problem-Focused Questions

- Think of a recent problem that is causing you some difficulty. Answer the following questions about this problem:

  When did this problem begin?

  What seems to be the cause of this problem?

  How often does this problem occur?

  What keeps this problem going?

  How does this problem affect your relationships?

- Note the effect these problem-focused questions have on you by answering the following questions:

  Are you left with a sense of direction about how to overcome your issue?

Do your answers to these questions help you move toward a resolution of this problem?

As you think about what you have just experienced, are you feeling more hopeless or hopeful about your situation?

Do your answers leave you feeling empowered?

Solution-Focused Questions

* Using the same problem, answer the following questions:

  When do you *not* experience this problem during times when the problem would typically occur?

  What's different about the times when you don't have this problem?

  How do you explain that this problem doesn't happen then?

  How do you keep this from being a problem then?

* Note the effect these solution-focused questions have on you by answering the following questions:

  Are you left with a sense of direction about how to overcome your issue?

  Do your answers to these questions help you move toward a resolution of this problem?

  As you think about what you have just experienced, are you feeling more hopeless or hopeful about your situation?

  Do your answers leave you feeling empowered?

* Notice the different reactions you experienced when answering problem-focused versus solution-focused questions, and consider the following:

  Which seemed more helpful to you—the problem-focused questions or the solution-focused questions?

  Which questions caused you to feel more empowered?

  Which type of questions might lead to enhancing your self-esteem?

Your answers most likely would have led you to conclude that solution-focused questions were more productive for you and would be of more benefit to your clients as well.