University of Massachusetts Boston

Week 7 - **Brief Therapy Approaches**

Brief Interventions and bBrief THerapies for SUbstance Abuse

Models Similarities

Brief Therapy Stages

MID-TERM QUIZ (9 to 10 PM) Submit by 10:05 PM

Principles	**Strategies**
Think small.	Try simple interventions first, based on simple assumptions.
Complicated problems do not necessarily require complicated solutions.	Focus on solutions; what works rather than what doesn't work.
The client's request must be taken seriously and given primary attention.	Engage the client, and maintain a focus on the original request.
Cooperation and collaboration between therapist and client create a context for change.	Insist that the client be an active partner in solution development.
The therapist negotiates with the client in producing clearly defined steps to a specified goal.	Frame problems in forms that are solvable. Be active, flexible, and focused. Use possibility language as a medium for creating change.
Brief therapy is most successful when the client is 'persuaded to do just one thing differently.	Work to get a small change going. Create a context in which novelty or playfulness can be introduced.
Contained within the client (family) are the seeds of solution development.	Focus on resources and strengths. Empower the client or family as change agents. Respect and support client creativity in

	developing solutions.
Change is inevitable: All clients (families) undergo developmental transitions and crises.	Normalize developmental transitions; reframe difficulties in a developmental context.
Supportive client networks increase options for change	Involve networks of support in the treatment process.
The therapist needs to maintain a sense of optimism, naivete and playfulness in clinical interaction.	Cultivate a sense of humor and a respect for the benign absurdity of life.

BACKGROUND

I find it useful to remember that solution-focused therapy evolved out of strategic family therapy, which was partly invented as an alternative to therapies based on the medical model. Early strategic therapists rejected medically oriented therapists' emphasis on treating their clients' problems as caused by deep-seated pathologies within the individual. Instead, strategic therapists stressed that their clients' problems were outgrowths of the clients' family systems.* Strategic family therapists described these systems as ongoing patterns of action, interaction, and power that tie family members together. Once serious problems develop within family systems, then, the problems are kept alive through family members' typical ways of relating with each other. We might say that these family systems are stuck on their problems.

If/when you read Steve de Shazer's first book called Patterns of Brief Family Therapy: An Ecosystemic Approach you will see some of the influences of strategic therapy on what later came to be called solution-focused therapy. Traces of these influences are much less obvious in the more recent writings of de Shazer and other prominent solution-focused therapists. Solution-focused therapists emphasize how problems and solutions are social constructions. We use these words to assign quite different meanings to aspects of our own and others' lives. We socially construct problems, solutions and other social realities as we use language to describe what we see, explain how things work, justify what we have done or want to do, and so on.

I find it useful to remember that the language that we use in talking about our lives and experiences are also orientations to action. That is, we can use language

to emphasize how we are able to shape the world around us or to focus on how we are controlled by forces beyond our control. The first use of language is associated with an orientation to action that treats life's problems as challenges and one's self as a person who survives life's challenges. The second use of language can easily become a justification for treating one's self as a victim who can do little or nothing to make life better.

While solution-focused therapy continues to be linked to strategic therapy in some ways, it has emerged as a distinctive approach to constructing change through therapy.** One way that solution-focused therapists are unique is in their reluctance to do problem solving in the manner of strategic therapists. Strategic family therapists solve their clients' problems by developing direct and indirect interventions that disrupt clients' family systems. The disruptions are designed to make clients' problems go away. This is how change is defined in strategic therapy, as the absence of serious problems. Solution-focused therapists state that while problem solving is sometimes effective, it is often time consuming.

Instead of problem solving, solution-focused therapists prefer to work with their clients to build solutions. They state that solution building is a faster and easier approach to change. Solution-focused therapists help their clients build solutions by asking clients about how they want their lives to be different in the future, about the strengths and resources that clients might use to make their lives different, and about the most recent times in the past when clients' lives have been a little bit better than they are today. These questions (and related questions) asked by solution-focused therapists focus attention on what is possible in clients' lives. Solution-focused therapists' assume that once clients begin to make the changes that they desire, then clients' problems will go away on their own (or, at least, they will be more manageable). Thus, solution-focused therapists define change as the presence of something new. Just as important, solution-focused therapists do not know what the “something new” will be until their clients tell them what the clients want for their lives.

Solution-focused therapists' keen interest in solution building points to another distinctive aspect of this approach to therapy and change. Problem solving in strategic therapy requires that therapists take primary responsibility for creating change. Strategic family therapists take responsibility by acting as experts at assessing clients' family systems and at developing concrete strategies that will disrupt the systems. It is the client's responsibility to follow the advice and directives given by their strategic therapists. Solution-focused therapists do not assume that they are responsible for making change happen. Constructing change in solution-focused therapy is a collaborative process in which clients and therapists share responsibility and both act as experts, but in different ways.

Clients are experts on their own lives. Clients know better than their therapists about how they want their lives to be different in the future, about what is possible for their lives, what strengths and resources they might use in constructing change, and so on. These are issues that therapists can only guess about, but never understand without the guidance of their clients. A major responsibility of solution-focused therapists, then, is to listen attentively to clients' descriptions of their lives and hopes for the future. Some people call this curiosity. This is one way that solution-focused therapists recognize and defer to their clients' expertise.

Sometimes solution-focused therapists say that in deferring to their clients' expertise, they take a “not knowing” stance in therapy. I find this language confusing and inconsistent with what I believe is the focus of solution-focused therapy. The term “not knowing” suggests that it is possible to not know anything; it is the absence of knowledge. I find it more useful to ask, “What do solution-focused therapists know instead of knowing about clients' lives and desires?” An important part of solution-focused therapists' expertise is their skill at asking questions that help clients to think and talk about their lives in new ways. This is another example of what is sometimes called solution-focused curiosity.

Solution-focused therapy questions are designed to encourage clients to imagine and describe themselves as living different lives, to begin to see that the seeds for change are already present in some aspects of their lives, and to construct observable signs of change that they might look for in building new lives for themselves. Solution-focused therapists are also experts at listening to their clients and at using their clients' words to ask new questions. Yet another area of solution-focused therapy expertise involves giving compliments to clients. Solution-focused therapists are highly skilled at seeing signs of hope in clients' lives and at appreciating their clients' strengths and achievements. Solution-focused therapists frequently compliment their clients. Therapists may compliment clients at any time in therapy sessions, although at Solutions we usually give fewer compliments to clients in second and later meetings. Compliments are a major aspect of the parting messages that solution-focused therapists give to their clients at the end of most therapy sessions. The messages may also include suggestions about how clients might begin (or continue) to build solutions in their lives.

Collaborative Brief Therapy Vignette

From: J.L. Walter & J.E. Peller (2000). Recreating brief therapy: Preferences and possibilities. New York: Norton

Client: The reason I am here is because I've learned that I'm codependent.
Consultant: How do you mean?
Client: My previous therapist before I moved told me that I'm codependent and too focused on helping my husband. She said that I should be focused on myself and leave him.
Consultant: Really? You think so too?
Client: Well, I do love him and I can't seem to stop worrying about him.
Consultant: Tell me more.
Client: I know that he drinks too much and I know I should leave him but he's a good man most of the time.
Consultant: Sounds like you wish the best for him.
Client: I do. I do wish he could stop.
Consultant: How are you hoping that would make a difference?
Client: Hmm. I wouldn't worry about his safety and maybe we could have a family life.
Consultant: That's what you are wanting-his safety and a family life.

(Walter and Peller,2000, P. 37)