Brief Counseling Techniques for Your Most Challenging Patients Solution--Focused Therapy: A Focus on Solutions, Not Problems

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### From Problems to Solutions

### **Solution Focus**

# Objectives

- Recognize there are exceptions to every problem, and that these exceptions can be used to build solutions
- Recognize the differences between "solution talk" and "problem talk"
- Identify interviewing questions that uncover patients' goals and strengths

## Objectives

 Learn ways to help patients set goals that are modest, concrete, specific, measurable, realistic, and achievable

Learn ways to help patients increase what works and decrease what doesn't

## Key Assumptions about *Change* in a Solution--Focused Approach

- Change is inevitable: think when change will occur rather than if
- Small changes generate larger ones
- Crises are opportunities for growth and change
- People have the strengths, wisdom, experiences and resources to change

### The Problem with Resistance

## "Resistance" is Futile

- "Resistance" is not useful: it implies patients don't want to change
- What other models view as "resistance" is seen by solution-focused brief therapists as:
  (1)natural protective mechanisms or a realistic desire to be cautious and go slowly;
  (2)an intervention that does not fit the patient's situation.

## **Optimism about Change**

## Implications for the *Patient-Provider Relationship*

 One of the most important aspects of SFBT is the general tenor and stance that is taken by the provider. The overall attitude is **positive, respectful, and hopeful**. There is a general assumption that **people are strongly resilient** and continuously utilize this to make changes.

# Who shoulders the responsibility for change?

# Further Implications for the *Patient-Provider Relationship*

- Responsibility for change is placed explicitly on patients with respect for their right to make choices for themselves.
- Patients are the experts on what they want to change and how they want to work on it.
   Providers support patients' self--efficacy.

# The *Provider Patient Relationship* in the Solution--Focused Approach

- Patients are collaborative partners in their care rather than recipients of care provided to them.
- Providers use empathy, not authority and power.
- Providers look for patients' capacity, generate a positive, optimistic stance regarding change.

### From Problem to Solution

# Solution Talk: Listen & Look for Previous Solutions

- Most people have solved problems, even if for a short time, or in another situation.
- Encourage people to frame goals as the presence of a solution, rather than the absence of a problem.

## Exceptions

# **Solution Talk**: Listen & Look for Exceptions

- An exception is thought of as a time when a problem could have occurred but did not ("when the problem is not").
- Recognize there are exceptions to every problem, and that these exceptions can be used to build solutions.
- Focus the conversation on exceptions, especially those exceptions related to what the patient wants to be different.

# **Solution Talk:** Focus on the Present and the Preferred Future

- Focus on what the patient wants to have happen or what is already happening.
- This reflects the basic belief that problems are best solved by focusing on what is already working and how patients would like their lives to be rather than focusing on the past and the origin of problems.

# Solution Talk: Workable Goals

Help patients set goals that are

- modest
- concrete
- specific
- measurable
- realistic
- achievable

#### Solution Talk: Achieving Goals

- **Scale** the ongoing attainment of goals to get the patient's evaluation of the progress made.
- Encourage the patient to do more of what's been done in the past to make the exceptions happen.
- Encourage patients to increase what works and decrease what doesn't.

#### Getting Stuck in More of theSame

### **Doing Something Different**

## If It Ain't Broke, Don't Fix It

Increase what works and decrease what doesn't

Once you know what works, do more of it

If it doesn't work, don't do it again: do something different

What the patient is hoping to achieve

- What would need to happen today to make this a really useful session? So that being here was helpful?
- What are your best hopes/vision for our work together?

## **Hopes Realized**

What the patient is already doing or has done in the past that might contribute to their hopes being realized

- What changes have you noticed that have happened or started to happen since you made the appointment for this meeting?
- What's going on in your life that you would like to continue to have happen?
- What's happening that's better?

Courage, coping and perseverance: Compliments

With all you've been going through, how have you managed/ been able to...

- Get up each morning and face another day?
- Keep going as well as you have?
- Keep things from getting worse?
- Keep today's appointment?

## **Envisioning the Future**

What life would be like if hopes were realized

- If tonight while you are sleeping, *something shifts* and the problem that brings you here was solved
- How would you know?
- What would you be noticing different tomorrow?
- What would your (spouse, partner, friend, parent, child) notice about you that would give them the idea things are better for you?

*Tell me about the times the problem does not happen: Exceptions* 

- When in the past might the problem have happened but *didn't*?
- What is *different* about those times when the problem does not happen?
- How have you let your (spouse, partner, friend, parent, child) know when she/he does something that makes a positive difference to you?

Scale the ongoing attainment of goals to get the patient's evaluation of the progress made

• On a scale of 1 to 10 where 10 is things being as good as they can be, where would you be on the scale right now?

# **Building Success**

Agency & efficacy: Building on success

- Wow, how did you do that?
- How did you *decide* to do that?
- How did you get that to happen?

## **Forced Optimism**

## The Problem of Solution--*Forced* Therapy

- Language to lead people out of pain rather than dwelling on it should *not* come at the expense of silencing patients' doubts and suffering and invalidating their feelings.
- There is a difference between responding with *compassion* rather than unyielding optimism.

## **Exploring the Possibilities**

## **Selected References**

- *Keys to Solution in Brief Therapy* by Steve de Shazer
- More than Miracles: The state of the art of solution focused therapy by de Shazer, Dolan, Korman, Trepper, McCollum & Berg
- Solution--focused brief therapy by Chris Iveson
- Solution--Focused Approach With American Indian Clients by Sara Blakeslee & Sara A. Smock Jordan
- How to Interview for Client Strengths by Peter De Jong and Scott D. Miller