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A wide-angle photograph of a sunset over the ocean. The sky is filled with dark, dramatic clouds, and the sun is low on the horizon, creating a vibrant orange and red glow that reflects on the water's surface. The horizon line is visible in the distance.

# **Solution Focused Anxiety Management**

## **Treatment and Training Manual**



**Ellen K. Quick**



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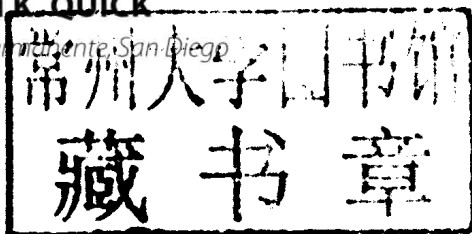
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# SOLUTION FOCUSED ANXIETY MANAGEMENT

*A Treatment and Training  
Manual*

ELLEN K. QUICK

*Kaiser Permanente, San Diego*



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## PREFACE

I have had the privilege of seeing clients build their courage and coping skills for a very long time. During the early years of my practice (initially in the Pittsburgh, Pennsylvania area), I certainly did not view myself as having any more expertise with anxiety treatment than any other therapist. But I was a psychologist, and my non-psychologist colleagues assumed that anyone who had recently completed a psychology graduate program knew more about “the new behavior therapy for anxiety” than they did. Certainly, I wasn’t doing solution-focused therapy at the time. Solution-focused therapy was just beginning to develop, and I had not yet heard of it.

An interesting exercise sometimes conducted in solution-focused training workshops asks therapists to do the following “sentence completion” exercise: “I first knew I was solution-focused when...” During the preparation of this book, I reflected on when the “anxiety management” I was conducting first became solution-focused. I think it happened long before “solution-focused” was a term that meant anything to me. In the early 1980s, during a presentation on phobia management to primary care physicians, I was talking about building “fear ladders” (the term we used, at that time, for *in vivo desensitization*), and a member of the audience asked, “Why don’t you call it a courage ladder?” I did not know then, and I do not know now, the name of that physician. I probably did not thank him for his direction-changing question. I doubt that this physician realized that he was “solution-focused” or that his question was setting the tone for a wonderful new direction in anxiety management. As solution-focused therapists know, language and creative ideas make a tremendous difference and sometimes emerge in unexpected places.

This book presents the conceptual foundation, methods, and attitudes of a solution focused (and strategic solution focused) approach to anxiety management. It includes all the materials needed to teach the program in a four-session psychoeducational class (complete instructor guide and learner readings). It also covers how to use the approach in individual therapy. For readers interested in using the approach in their own lives, the book offers methods that can be used on one’s own and/or in combination with consultation with healthcare providers.

The focus is on anxiety management, not “elimination.” The idea is that people do not have to wait to fully eliminate their anxiety to experience it differently and to notice that it is not such a problem in their lives. The book demonstrates how solution focused anxiety management transforms anxiety to courage, coping, appropriate caution, and choice.

The primary audience for this book is the behavioral healthcare professional who treats anxiety disorders in adults. This audience includes psychologists, social workers, psychiatrists, marriage and family counselors, college health service personnel, psychiatric nurses, pastoral counselors, and trainees in those fields. Physicians and nurses who work in primary care and program developers and administrators in behavioral and integrated health-care will also be interested in an evidence-based and cost-effective program that has a track record of service delivery in a large staff health maintenance organization.

The secondary audience for this work is people who are experiencing anxiety and their significant others. This group includes those who might be attending a solution focused anxiety management class. These readers will be particularly interested in the learner readings; they may be interested in the other materials as well. Some readers may be receiving other treatment for anxiety or other concerns, whereas other readers may be considering seeking treatment. Other readers may be exploring the self-help literature. These people want to learn about the topic and discover solutions in their own way and are an ideal audience for an approach that emphasizes doing what works for one’s unique situation.

## **COMPANION WEBSITE AND MATERIALS THAT CAN BE DUPLICATED FREELY**

A special feature of this book is its companion website, <http://booksite.elsevier.com/9780123944214>, accessible to anyone who purchases the book. This website includes the full text of the instructor notes (Chapters 3–6) and the learner readings (Appendices A–D). This hands-on resource makes this book user friendly to readers who prefer to use the material online.

In addition, the publisher has kindly agreed that the following forms used during the class may be duplicated freely: the Solution Focused Anxiety Management Class Description, (p. 27 in Chapter 2), the End of Session Form (p. 22 in Chapter 2 and at the end of each appendix), and Worksheets C.1, C.2, D.1, D.2, and D.3 in the appendices.

## OVERVIEW OF THE BOOK

Chapter 1 introduces the conceptual foundation, attitudes, and methods of solution-focused practice and the author's strategic solution focused perspective. It discusses the concept of anxiety management and how it differs from an "anxiety elimination" paradigm. The chapter covers how the class began and evolved over the years. There is discussion of the "common and specific" components of evidence-based treatment and how this approach is similar to and different from cognitive behavioral therapy, Acceptance and Commitment Therapy, and process group therapy. Throughout, there is an assumption that people already have significant strengths and that they can discover and build on what works for them.

The practical details of planning and facilitating a solution focused anxiety management class are reviewed in Chapter 2. There is discussion of how to describe the program, with a handout that can be given to potential participants. The chapter covers how the book might best be used by different readers, including therapists teaching the program, therapists using it with individual clients, class participants, and people who are interested in learning the solution-focused philosophy, principles, and tools on their own. Common challenges encountered when teaching solution focused anxiety management—and solution-focused ways of managing them—are also addressed in this chapter.

Chapter 3 provides complete instructor notes for teaching Topic One. This session describes how normal physical reactions sometimes scare us, especially if we are "body reactors," an important concept introduced here. The material teaches how even scary sensations diminish on their own when you "just leave them alone." This session also introduces and invites the class to experience five physical coping techniques: "belly button" breathing, Claire Weekes' "wave" (great for panic), Autogenic Training, "Just Because" (also useful for anger and when one needs to be alert), and mindfulness. Participants are invited to sample and use what works for them.

The instructor notes for Topic Two are presented in Chapter 4. This chapter introduces exposure and habituation and the view that anxiety management is a fascinating combination of "the commonsense and the counterintuitive." This session covers building and using a "courage ladder." When exposure in "real life" is impractical, participants are invited to imagine encountering difficult scenarios—and coping with them. The session introduces the "Write, read and shred" exercise. People are encouraged to tap what they already know about learning new things and coping with



discomfort and to notice what that tells them about “being anxious and doing it anyway.”

Chapter 5 contains the instructor notes for Topic Three. Participants are invited to recognize thoughts that already support their courage and coping. The session presents some tools for transforming thoughts that increase anxiety. It emphasizes that acceptance—of uncertainty, danger, and existential realities—helps to remind us that having frightening thoughts does not mean that one is “crazy.” Participants are encouraged to recognize supportive messages received in the past, along with those that they already give to others. They are invited to discover perspectives that resonate with personal images and experience and to notice how doing so makes a difference.

The instructor notes for Topic Four are presented in Chapter 6. This session addresses the interface between life issues and anxiety. It invites labeling “pros and cons” of decreasing anxiety, including openly acknowledging challenges that “being less anxious” might bring—and possible solutions. The presentation covers changing “I can’t” to “I don’t want to,” the normalcy of ambivalence, and how assertiveness interfaces with anxiety management. Because people sometimes forget that life always includes challenges, the class invites reflection about areas where one already has healthy, appropriate caution. Participants are encouraged to recognize how “normal” anxiety (not “no anxiety”) supports “the four Cs”: courage, coping, appropriate caution, and choice.

Solution focused anxiety management works in individual therapy, and how to use the approach in individual sessions is the topic of Chapter 7. Using solution-focused methods and conveying solution-focused attitudes, the therapist collaborates with the client to discover and amplify what happens when anxiety is not a problem. Tools from the program are then introduced as appropriate, and they are adapted to the client’s style and preferences. In addition, people often use individual sessions to extend what they have taken from the program. Case examples illustrate the process in brief therapy, single session therapy, and intermittent therapy over a number of years.

Chapter 8 elaborates on the perspective that appropriate caution is often a valuable component of solution focused anxiety management. There is discussion of the concept of defensive pessimism and its relationship to this program. Acceptance of a preference for routine and the predictable can be viewed as a personal style rather than as “psychopathology” that needs to be eliminated. Case examples illustrate these principles in individual solution focused anxiety management with clients who have received diagnoses of obsessive compulsive disorder and generalized anxiety disorder. The chapter



provides some examples of how these ideas may emerge both in individual sessions and in discussion in the class.

Chapter 9 shares the wisdom of eleven solution-focused therapists. Through interview or written comments, these therapists describe how they have seen clients transform anxiety to courage, coping, appropriate caution, and choice. They discuss how they use and trust the basic solution-focused process. The therapists note whether they add other tools to the treatment; some do so, whereas others do not. They also comment on strengths their clients have shown and what these clients have taught them. The chapter summarizes the common themes and the diversity that emerged in the respondents' comments.

Chapter 10 looks at factors that may account for change in solution focused anxiety management. It describes a pilot qualitative analysis of what stood out to people from the program. Acceptance of discomfort and mixed feelings, "doing it even in the presence of anxiety," "baby steps," and a recognition that one is not alone were among the recurring themes. This chapter also discusses two factors that may explain why different components all work. First, there are the "common factors" that emerge in meta-analyses of psychotherapy outcome research: client variables, the therapeutic relationship, and expectancy of change. Second, the chapter discusses Fraser and Solovey's concept of "second-order change" as the "golden thread" that runs through interventions that "work" in psychotherapy. When people are anxious, their first reaction is often to take what Fraser and Solovey would call a "first-order change" approach that does not work well enough. Although they do so in different ways, the different components of this program all shift perspectives or invite the unexpected—all things that create second-order change. Finally, this chapter looks at some ways that solution focused anxiety management is an example of the continuing evolution of solution-focused practice, and it considers how readers can extend the approach and build on what works in multiple ways.

The book includes four appendices. They present the four learner readings, one for each session. All of the readings include ideas for practice on one's own. They invite learners to adapt and use the ideas in ways that work for them. Some of this material deliberately repeats sections of the instructor notes so that learners who do not wish to read the longer instructor notes may have the most important information, including all worksheets and end-of-session suggestions. Like the instructor notes in Chapters 3–6, the learner readings (the four appendices) are on the companion website, as noted previously.

## ACKNOWLEDGMENTS

The support and ideas of many, many people made this book possible. First, I am grateful to the mentors who contributed to my thinking about solution-focused practice over many years. The ideas developed by Steve de Shazer and Insoo Kim Berg and their colleagues at the Brief Family Therapy Center in Milwaukee have had an important role in the development of solution focused anxiety management. My work at the Mental Research Institute at Palo Alto (and with Richard Fisch in particular) was another important influence. Study with Milton Erickson also was the source of important ideas. Reid Wilson's ideas and creative strategic methods shaped my thinking as well. Colleagues from the San Diego Strategic Solution Focused Interest Group provided valuable support and wisdom and contributed to the development of the strategic solution focused perspective.

My passion for including multiple "tools in the toolbox" has led me to the work of many other scholars and therapists. Colleagues at the Sharp Rehabilitation Center Chronic Pain Management Program introduced me to the notion of "management, not elimination." I very much appreciate the ideas and methods described by Aaron Beck, Albert Ellis, Erik Erickson, Steven Hayes, Bill O'Hanlon, Claire Weekes, Joseph Wolpe, and many others.

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Brief Therapy Association], and the EBTA [European Brief Therapy Association]. I particularly want to thank the therapists who graciously agreed that their comments could be shared in this book: Elliott Connie, Yvonne Dolan, Heather Fiske, Adam Froerer, Bruce Gorden, Ross Kremsdorf, Jay McKeel, Linda Metcalf, Joel Simon, Frank Thomas, and Terry Willey.

I have had the privilege of working with so many incredibly courageous clients over the years. I have seen you transform fear into courage, coping, appropriate caution, and choice in multiple ways. You have tapped strengths, within you and in your worlds, in creative ways that I could never have imagined. I learned from you that I did not have to be afraid to suggest ideas, even if they seemed strange, because you knew what would and would not work for you. If something didn't fit, you let me know, and you did something different. You continue to demonstrate that anxiety does not prevent you from doing amazing things.

Finally, I want to acknowledge my husband, Frank, and my daughter, Melissa. Your support and love are so special to me.

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# What Is Solution Focused Anxiety Management, and How Is It Different from Other Approaches?

Solution focused anxiety management is a class—and a philosophy. This chapter introduces the conceptual foundation, attitudes, and methods of both the class and the overall perspective. The *class* is a four-session psychoeducational program for adults. It blends psychoeducation about anxiety and other concepts, some acceptance-based, with solution-focused, strategic, and cognitive behavioral components. It also utilizes group process. The material is presented from a solution-focused perspective, with a style designed to invite members to tap into and utilize individual strengths and ways of learning. The therapist trusts that class members will use the material and the experience in ways that work for them. The content can also be used in individual therapy, a topic discussed in more detail in Chapter 7.

In this approach, the focus is on anxiety *management*. This is different from an anxiety *elimination* paradigm. The idea is that people do not have to wait to fully eliminate their anxiety to be able to experience it differently and to notice that it is not such a problem in their lives. People can discover that they do not have to wait for their anxiety to disappear to do both ordinary and extraordinary things.

## THE SOLUTION-FOCUSED PERSPECTIVE

Solution-focused therapy is a strength-based model, developed by Steve de Shazer, Insoo Kim Berg, and their colleagues at the Brief Family Therapy Center (BFTC) in the 1980s (de Shazer, 1985). Solution-focused therapy minimizes emphasis on past failings and problems. Instead, it focuses on clients' strengths and previous successes. It works from the client's understanding of the situation and what the client wants to be different. It also assumes that no problem happens all the time. There are exceptions: times when the problem *could have* happened but for some reason *did not* happen. The therapist attempts to discover what was different when the "exception" to the problem occurred. What was the difference that made a difference?

Once that is known, the goal is to amplify those differences, creating more and more occasions when the problem is not a problem.

## METHODS IN SOLUTION-FOCUSED THERAPY

Solution-focused therapy often uses future-focused conversation, inviting people to describe a future time when the desired changes are already happening. The “miracle question” is sometimes considered to be solution-focused therapy’s best-known method and “signature” technique.

However, solution-focused therapy is far more than miracle questions. In fact, a recent book is titled *More Than Miracles: The State of the Art of Solution-focused Therapy* (de Shazer & Dolan, 2007). Nonetheless, miracle question inquiry continues to be a valuable and versatile technique in solution-focused practice.

The basic miracle question says something like this: “Imagine that after you and I get done talking and you do whatever you’re going to do today, eventually you go home, and go to bed, and fall asleep. And while you’re sleeping, a miracle happens. And the miracle is that the problem you just told me about is resolved. It isn’t a problem any more. What will be the first thing that will be different, that lets you know: ‘This isn’t a problem any more’?”

After the therapist asks this question and hears the response, it is important to conduct detailed follow-up inquiry. This important component frequently includes two kinds of questions: *difference* questions and *relationship* questions. Difference questions ask things like this: “What will be different?” Building on the last change described, the therapist invites specific detail. “What else?” “And as a result of what you’ve just described, what else will be different?” “And when X happens, what will be different about how you respond?” “And how will that make a difference?”

Relationship questions ask questions similar to the following: “Who will notice your change (using the language of whatever the person has just described)?” “And how will he/she be different, as a result of your changes?” “And how will that make a difference?” “Who else will notice?” “What will he/she notice about you?” “Really! And how might he/she respond?” “How will that make a difference?”

The therapist continues with this kind of inquiry, amplifying and inviting detail about multiple situations and relationships in the person’s life. “And that other problem you were telling me about, what will be different about that, as a result of those other changes?” As the inquiry continues, more and more