

# Skills *in* SOLUTION FOCUSED BRIEF

Counselling & Psychotherapy

Paul Hanton

Counselling &  
Skills *in*  
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Psychotherapy &

Series Editor  
Francesca Inskipp



# Skills *in* SOLUTION FOCUSED BRIEF

Counselling & Psychotherapy

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Paul Hanton

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*Skills in Counselling & Psychotherapy* is a series of practical guides for trainees and practitioners. Each book takes one of the main approaches to therapeutic work and describes the core skills and techniques used within that approach.

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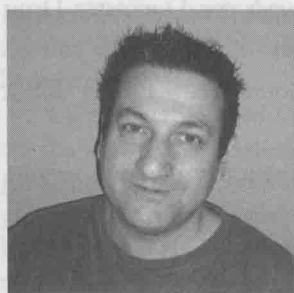
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# Skills *in* SOLUTION FOCUSED BRIEF Counselling & Psychotherapy

# ABOUT THE AUTHOR



Paul was born in East London in 1962. After a stint in the army at 18 years old, involvement with drugs and alcohol led to a four-year prison sentence at 22 for robbery; without any qualifications, there seemed to be no preferred futures, only escape from the problem present. However, while in prison Paul took five O levels; after prison, his A levels; and then surprised himself by completing a degree at Middlesex Polytechnic and finding that life had a bit more to offer.

Paul worked in student services and drug and alcohol services and got his first taste of SFBT, attending a two day course at The Brief Therapy Practice (BRIEF) in 1993. This course changed Paul's way of working with a client group that were often chaotic, transient and deemed 'difficult'. Paul took this way of working with him when he moved north to Barnsley to run one of the country's first dedicated young people's drug and alcohol projects.

In 2000, Paul enrolled on the world's first MA course in SFBT, run at Birmingham University by Bill O'Connell, with 14 other innovative and enthusiastic practitioners. He completed his MA in 2005, having undertaken his research into using SFBT with people living with moderate-to-severe depression attending a psychology department; he worked as a locum in that department until 2009. Paul has recently returned to young people's drug and alcohol work.

Paul is an accredited member of the British Association for Counselling and Psychotherapy (BACP) and in 2003, along with nine others, became a founding member of the United Kingdom Association for Solution Focused Practice (UKASFP).

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Outrageous moments in therapy. In T. S. Nelson (Ed.), *Doing something different: solution-focused brief therapy practice*. Routledge, New York. 2010.

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# ACKNOWLEDGEMENTS

## BOOK

I am grateful to BRIEF for setting me on the Solution Focused path when I attended my first short course at what was The Brief Therapy Practice back in 1993 (or it may have been 1994).

I am indebted to Bill O'Connell, who believed in me enough to give me a place on the first MA in Solution Focused Brief Therapy in 2000, and in fact, to all the participants on that course who really gave me the freedom and confidence to start practising SFBT in more innovative and 'me' ways. Bill has always been a voice of balance and reason, one of the least dogmatic and client-centred therapists that I have met.

My wife Sue, my eldest son Christoph and my youngest son Kiyoshi have been inspirational in so many ways, not least reminding me that the world in which I work is just that, work; there is a life outside the workplace and the therapy room, something I believe in for the people I work with, but sometimes forget myself.

Last but not least, I'd like to acknowledge all the people who practise SFBT and Solution Focused Approaches in innovative and creative ways who have inspired me. There really are too many to list here and I do not want to 'miss' anyone out. I will have commented or thanked you outside this book and will probably do so again. This book is written by me, but owned by everyone who has contributed over the years in their own ways to my knowledge and learning.

# PRAISE FOR THE BOOK

## INTRODUCTION

'Paul brings to the world of counselling and psychotherapy a fresh exposition of the solution-focused approach. Rich descriptions of the key solution-focused skills, illustrated with examples from Paul's extensive experience of practice, offer the reader many opportunities to extend their own practice repertoire. Drawing on his substantial training experience Paul brings the reader into a learning space, inviting you to engage with his ideas, reflect on how you might become more solution-focused in your work, and highlighting where to go next for further reading.'

*John Wheeler MA, UKCP Registered Systemic Psychotherapist, independent solution-focused practitioner, trainer and supervisor ([www.johnwheeler.co.uk](http://www.johnwheeler.co.uk))*

'Paul is an experienced, skilled and innovative practitioner who has worked with a wide range of clients, some of them particularly challenging. This book introduces readers in a practical and accessible way to the nuts and bolts of how to practice in a Solution Focused way. I recommend it to newcomers to the approach and to others who wish to renew their practice.'

*Bill O'Connell, Director of Focus on Solutions*

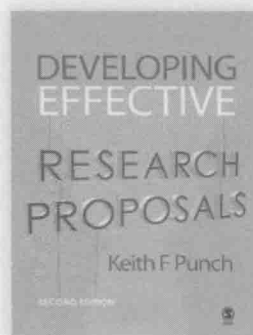
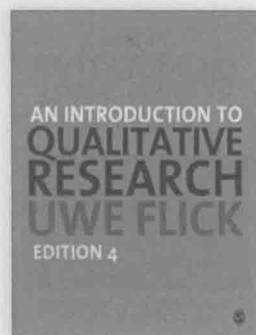
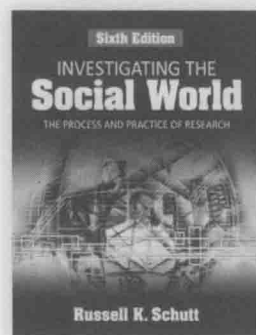
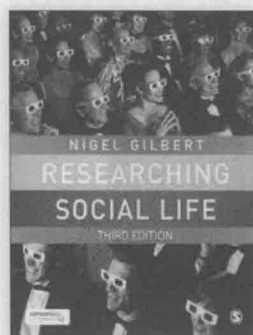
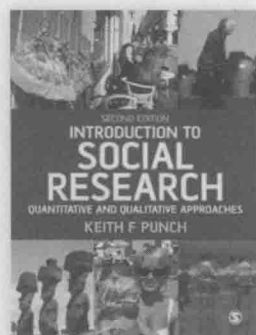
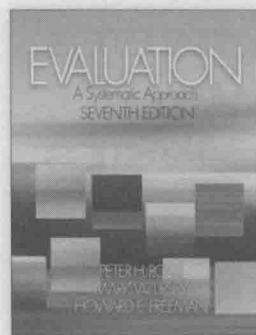
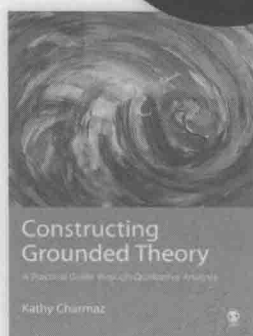
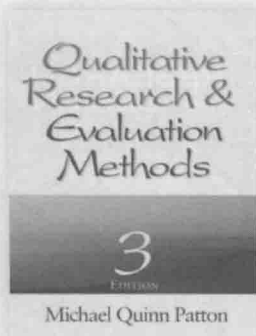
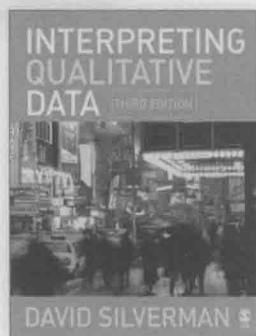
'Written by one of the leading practitioners of solution-focused psychotherapy in the UK; this is a highly personal, and highly accessible introduction to contemporary skills in solution focused practice. It clearly states what it is about (and equally, what it's not about), and takes the reader, in true solution-focused style, on a series of small steps towards a clearly described, and well defined, conclusion. It makes use of clear outcomes and recaps in each chapter, clearly signposting for the reader the skills being discussed, and the relevance of them to practice. I was engaged, from the first page, by the level of detail with which this book is written, and the generosity of experience shared by the author. I would recommend this book to anyone wishing to explore, or re-explore, the skills of solution focused brief counselling and psychotherapy.'

*Steve Smith, Lecturer in Mental Health, The Robert Gordon University, Aberdeen*



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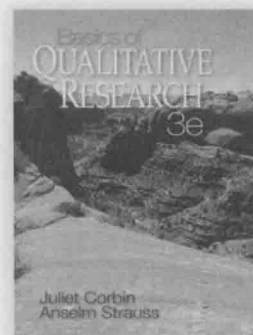
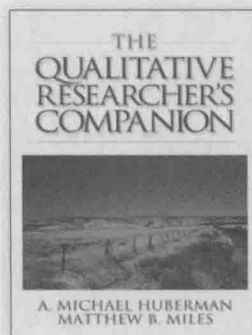
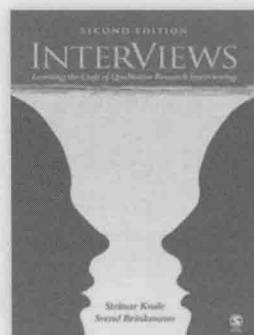
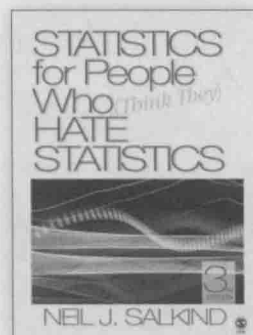
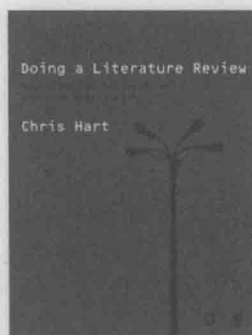
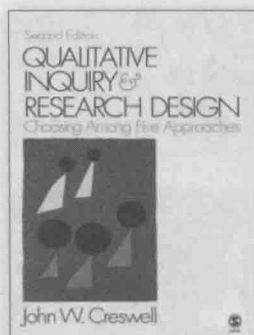
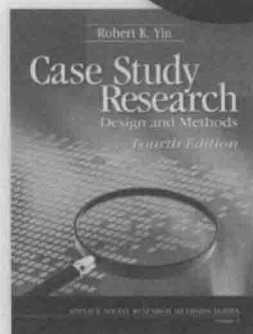
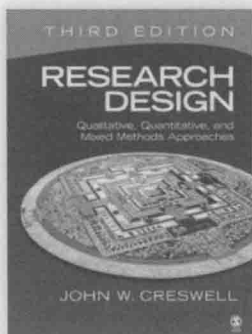
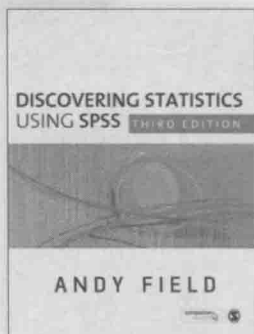


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# INTRODUCTION

## 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 seem 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 straightforward, 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 diverge from it, as needed, 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,