



## THE SOLUTION-FOCUSED APPROACH

Solution-Focused Brief Therapy (SFBT) is a short-term future-focused therapeutic approach which helps clients change by constructing solutions rather than "solving" problems. Elements of the desired solution often are already present in the client's life and become the basis for ongoing change. The ability to articulate what the changes will be like is often more important than understanding what led to the problem. The approach was developed by Steve de Shazer and Insoo Kim Berg and their colleagues at the Brief family Therapy Center in Milwaukee in the USA in the 1970s. SFBT is a prominent, evidence-based approach and is popular in North America, Europe, Australasia and Asia.

SFBT is based on the idea that, if our aim is to help people CHANGE, we ought to use things related to how change happens rather than concentrating on how problems develop. Understanding the details and 'cause' of the problem is often not necessary to finding a solution. The important issues are how does the client want things to be different and what elements of that are already happening. Envisioning a clear and detailed picture of how things will be when things are better creates hope and expectation and makes solution possible. SFBT focuses on the future (and how it will be better when things change) — the preferred future. The preferred future directs the therapy process and help it remain focussed and brief (if we don't know where we're going, we don't know when we've got there!). SFBT also focuses on client strengths and resources, as a way of helping clients recognise how to use their resources to bring about changes (and to explore when they have ALREADY done some of the things they aspire to).

### Is Solution-Focused only about counselling or therapy?

Therapy (or counselling) is about helping people make CHANGES in their lives. There are a number of other activities that are also about helping people make changes and achieve how they would like things to be. So, coaching is a similar (parallel but not identical) activity to therapy and there is ample evidence of the effectiveness of Solution-Focused ideas in the coaching arena. Similarly, there has been a great deal of activity in applying Solution-Focused ideas in organisational and management contexts. Indeed, there is an international association (and journal) for people using Solution-Focused ideas in coaching and organisational contexts: the Association for Solution Focus in Organisations

### How "brief" is brief?

Solution-focused practitioners don't set out to limit artificially the number of sessions. A good brief therapist will not focus on limiting sessions or time, but rather helping clients set goals and develop strategies to reach those goals. Nonetheless, focusing on the desired future and how pragmatically to achieve this and not getting caught up with digging around in the past tends to make counselling briefer. The therapist intervenes only to the extent

necessary, with treatment usually lasting for less than six sessions. Solution-Focused therapists ascribe to the ethical value of providing clients with the most effective treatment in the most time efficient manner possible so that clients can get on with living their lives.

## Does this mean Solution-Focused Therapy is only for "minor" problems?

Brief therapy has been effectively used with a wide variety of presenting problems and client populations, including depression, eating disorders, drug and alcohol problems, difficulties related to sexual abuse, relationship difficulties and so on. Since it focuses on the process of change rather than the murky details of the problem, more major problems do not necessarily require different treatment. The task of a Solution-Focused therapist is to help clients translate seemingly major problems into a clearly defined and achievable preferred future.

## Isn't Solution-Focused therapy simplistic?

To the casual student, the tenets of SFBT appear simple. However, a careful examination of the constructs from which these readily understandable and seemingly obvious "Solution-Focused" techniques are derived reveals a highly organised and rigorous system of thinking. The approach has developed some key techniques and kinds of questions that are used routinely; however, it is neither simplistic nor mechanistic. Importantly, these techniques have developed from ongoing examination of "what do clients and therapists do that works?". As with any good therapy, it has to fit with the unique needs of the particular client.

## Does Solution-Focused Brief Therapy actually work?

Research shows that many different approaches to therapy "work" and arguments about which model is better than the others are often spurious. Nonetheless, there is evidence that Solution-focused Brief Therapy is effective.

A number of follow-up studies conducted at the Brief Family Therapy Centre in Milwaukee (the "home" of SFBT) reported success rates — clients reporting at one-year follow-up that the problem that took them to counselling was resolved or significantly better — of 70% and above. Interestingly, in a number of such studies, there is no difference in success rates when different problem types or diagnoses were examined separately.

Recent more rigorous studies support the effectiveness of the approach. A paper published in 2000 reviewed 15 controlled studies of Solution-Focused Brief Therapy which employed "objective" measures of outcome and concluded that 13 of these showed the approach achieved successful client outcomes<sup>1</sup>. One study of 48 male patients in a rehabilitation program following work injury found significant differences in psychosocial adjustment and domestic harmony for those who had 6 sessions of Solution-focused therapy compared to those who only had the physical rehabilitation program. A week after the end of the program, 68% of the SFBT patients had successfully resumed work compared to only 4% of the others<sup>2</sup>. Another study showed that prisoners who received an average of 5 sessions of SFBT had significantly lower rates of recidivism at 12 and 16 month follow-up than prisoners in a control group<sup>3</sup>. The authors of the 2000 paper have another research review published in 2013 in which they report that 74% of 43 published, rigorous studies demonstrate the effectiveness of SFBT<sup>4</sup>.

1. Gingerich, W. J. & S. Eisengart (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process*, 39(4), 477-498.
2. Cockburn, J. T., Thomas, F. N., & Cockburn, O. J. (1997). Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. *Journal of Occupational Rehabilitation*, 7(2), 97-106.
3. Lindfors, L., & Magnusson, D. (1997). Solution-focused therapy in prison. *Contemporary Family Therapy*, 19(1), 89-103
4. Gingerich, W. J. & Peterson, L. T. (2013). Effectiveness of Solution-Focused Brief Therapy: A systematic qualitative review of controlled outcome studies, *Research on Social Work Practice*, 23 (3), 266-283