### Theory/Approach: Solution-Focused Brief Therapy

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Methods/Techniques</th>
<th>Targeted Outcomes</th>
<th>Position of Therapist</th>
<th>Multicultural Issues</th>
<th>Faith Consistency/Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to Kollar (1997, p. 69), a Christian version of SFBT assumptions:</td>
<td><strong>SFBT focuses on solutions vs. the problem.</strong> The basic stages of solution building are (DeJong &amp; Berg, 1998, 18-19):</td>
<td><strong>The overall goal of therapy is:</strong> Utilizing what the client brings with him to meet his needs in such a way that the client can make a satisfactory life for himself” (de Shazer, 1985, p. 6).</td>
<td><strong>Therapist position includes:</strong> (Trepper et al., 2008):</td>
<td><strong>Strengths:</strong> Both problem and solution arise from a client’s historical and social relational networks and from linguistic practices (Lax, 1996).</td>
<td><strong>Consistency:</strong> SFBT focuses on change, and change is important to God (p.17).</td>
</tr>
<tr>
<td>“1. God is already active in the counselee. 2. Complex problems do not demand complex solutions. 3. Finding exceptions helps create solutions. 4. The counselee is always changing. 5. The counselee is the expert and defines goals. 6. Solutions are co-created. 7. The counselee is not the problem, the problem is. 8. The counseling relationship is positional. 9. The counselor’s focus is on solutions.”</td>
<td><strong>1. Describing the Problem - Client describes a problem; counselor asks for some detail to consider for next steps to move toward a goal (p. 18).</strong></td>
<td><strong>There is no goal to ‘correct’ underlying maladjustments as this is not viewed as necessary (de Shazer, 1985).</strong></td>
<td><strong>Collaborator</strong></td>
<td><strong>Kollar suggests that the idea of growth and change fits closely with their understanding of the sanctification process (p.102). They argue that Scripture is full of references to change and letting go of a sinful life, such as Isaiah 43:18-19. “Forget the former things! do not dwell on the past. See, I am doing a new thing...” (p.259). Kollar (1997) also stresses that the emphasis on change fits well with Scripture and a Christian worldview.</strong></td>
<td><strong>Kollar stresses the exceptions and defines them as “grace events”, where God is working in the lives of counselees (p.57).</strong></td>
</tr>
<tr>
<td>de Shazer’s Assumptions (1985)</td>
<td><strong>2. Developing Well-Formed Goals - Client describes what will be different when the problem is solved (p. 18).</strong></td>
<td><strong>Effort is made to bring about some type of behavior change, because “any really different behavior in a problematic situation can be enough to prompt solution and give the client the satisfaction he seeks from therapy. All that is necessary is that the person involved in a troublesome situation does something different, even if that behavior is seemingly irrational, certainly irrelevant, obviously bizarre, or humorous” (de Shazer, 1985).</strong></td>
<td><strong>Consultant</strong></td>
<td><strong>By emphasizing strengths and positives, such an approach fully utilizes the indigenous, culturally based resources and strengths available within the client’s sociocultural milieu (Yee, 2003).</strong></td>
<td><strong>Kollar stresses the exceptions and defines them as “grace events”, where God is working in the lives of counselees (p.57).</strong></td>
</tr>
<tr>
<td>1. “Complaints involve behavior brought about by the client’s world view” (p. 23). 2. “Complaints are maintained by the clients’ idea that what they decided to do about the original difficulty was the only right and logical thing to do. Therefore, clients behave as if trapped into doing more of the same.**</td>
<td><strong>3. Exploring for Exceptions – Times in the client’s life when the problem is not happening or not as severe (p. 19; deShazer, 1985, p. 161-162).</strong></td>
<td><strong>“Leading from one step behind”</strong></td>
<td><strong>Future focused</strong></td>
<td><strong>By emphasizing contextual knowledge and taking a not-knowing stance, a solution focused approach requires clinicians not to rely on prior experiences or theoretically formed truths and knowledge to understand and interpret therapeutic needs. Instead, understanding is to be continuously informed by the client who is the “expert” of the situation and who holds the key to its solution (Yee,2003).</strong></td>
<td><strong>Instead of an individual defining their own vision, Kollar suggests that</strong></td>
</tr>
</tbody>
</table>
(Watzlawick et al., 1974) because of the rejected and forbidden half of the either/or premise” (p. 25).

3. “Minimal changes are needed to initiate solving complaints and, once the change is initiated (the therapists’ task), further changes will be generated by the client” (p. 33).

4. “Ideas about what to change are based on ideas about what the clients’ view of reality might be like without the particular complaint” (p. 38).

5. “A new frame or new frames need only be suggested, and new behavior based on any new frame can promote clients’ resolution of the problem” (p. 39).

6. “Brief therapists tend to give primary importance to the systemic concept of wholism: A change in one element of a system or in one of the relationships between elements will affect the other elements and relationships which together comprise the system” (p. 43).

Walter & Peller (1992), as referenced in Oliver, Hasz, & Richburg (1997) also provided a SFBT list of assumptions, most of which have been already listed. Not yet mentioned are the following:

1. Clients are always cooperating. They are showing how they think

allow for the spontaneous achievement of the stated (or inferred) goal” (de Shazer, 1985, p. 14).

The goal is to find a solution that fits the situation, achieves change, and enables the client to reach their goals to a degree that brings satisfaction. This does not require finding the ‘perfect’ solution, for many solutions are possible in any given situation.

Therapy is intended to assist the client in together creating solutions which enable the client to reach their goals.

Progress is measured through client’s self-report in scaling their progress on a scale of 1-10 (Nims, 2004; Treyger, Ehlers, Zajicek, & Trepper, 2008; Kollar, 1997).

Three basic parts of feedback:

3) open minded and flexible to new ideas;
4) excellent listeners, especially the ability to listen for clients’ previous solutions embedded in “problem-talk”;
5) tenacious and patient (Trepper et al., 2008).

Walter & Peller’s (1992) suggestions for brief therapists are:

1. Use of scaling by rating on scale of 0 (bad) to 10 (good) (DeJong & Berg, 1998, p. 19).
2. Counselors must use the client’s frame of reference (p. 21).
3. Amplify solution talk vs. problem talk (p. 21-42).

First session is designed to shift client’s focus from past to present to future (de Shazer, 1985, p. 137).

Use of Solution Building Interviews organized around two activities - 1) having the client develop goals and 2) developing solutions based upon exceptions (DeJong & Berg, 1998, p. 17).

Characteristics of a well-formed goal: important to the client, small, concrete, and “represent the beginning of something different rather than the end” (p. 17).

Solution building is to explore for exceptions. Focus is on these exceptions instead of the “why” of problems (p. 17-18). Solutions mean doing something different than things that did not work in the past (de Shazer, 1985, p. 123).

Limitations:

1) Diverse clients may expect difficulties (Yee, 2003).
2) Clients provide their own interpretations of life events (Yee, 2003).
3) Viewing language as the medium through which personal meanings are expressed and constructed (de Shazer, 1994), this approach uses a wide range of open-ended questions to engage clients in a dialogue that focuses on solutions. Because these questions aim at furthering clients’ discovering and constructing their own vision of a solution and do not contain assumptions of what is good or bad from any single vision, there is full respect for the client’s worldview derived from cultural beliefs and values (Yee, 2003).
4) Provides a clinical practice orientation—a way of thinking—that is conducive to a perspective of multiple worlds and to strengths-based and empowerment-based social work practice that enable clinicians to participate in a culturally respectful and responsive therapy process with clients from diverse ethnoracial backgrounds (Yee, 2003).

Limitations:

• Diverse clients may expect limitations.

Conflicts:

• Constructivism: SFBT is based on constructivism, which states that you define your own reality and meaning. Some would argue that this could contradict a Christian belief in absolute truth. Kollar argues that the Holy Spirit defines truth, not just the counselor’s own notion of truth (p. 58).

• Focusing on the positive is Scriptural: Phil. 4:8 says "Fix your thoughts on what is true and good and right..."

• Small change can lead to larger change: Jesus said, "Whoever can be trusted with very little can also be trusted with much, and whoever is dishonest with very little will also be dishonest with much" (Luke 16:10, NIV).

• Whether for good or bad, small change begets larger change" (Oliver, Hasz, & Richburg, 1997, p.104).

• Limitations:

Conflict:

• Conflict: SFBT list of assumptions, most of which have been already listed. Not yet mentioned are the following:

1. Clients are always cooperating. They are showing how they think
change takes place, and as we understand and act accordingly, cooperation is inevitable.

2. People have all they need to solve their problems.

3. Meaning and experience are interactionally constructed. We inform through interaction.

4. The meaning of the message is in the response you receive.

5. Actions and descriptions are circular” (Oliver, Hasz, & Richburg, p.101).

<table>
<thead>
<tr>
<th>Compliments, a bridge, and usually a task (p. 109). Compliment what the client is already doing that is useful in solving the problem (p. 19). The bridge provides rationales linking compliments to tasks. Tasks focus on what the client might do differently or do more of to meet the goal (p. 109).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Types of Relationships : 1. Customer-Type - Client and counselor work together to identify a problem and solution. Usually the client is seeking services (p. 50). 2. Complainant-Type - Client and counselor work together to identify the problem but are unable to identify the role of the client in the solution. The client does not see himself as part of the solution and usually believes that someone else must change as part of the solution (p. 50-51). 3. Visitor-Type - Client and counselor are unable to work together in identifying the problem or a goal. Usually this is someone who was pressured into services (p. 55).</td>
</tr>
<tr>
<td>the therapist as expert rather than &quot;client as expert.&quot;  • The client’s solution occasionally can be at odds with the mainstream legal system (such as female circumcision) (Yee, 2003).  • Language barriers both in syntax and in meaning may develop if the practitioner is not of the same culture.  • SFBT approaches the client and the issue(s) in a direct fashion that may be at odds with cultures which value a more indirect form of problem discussion.</td>
</tr>
<tr>
<td>• Oliver, Hasz, and Richburg state that it is dangerous to assume that the client is the only expert on his or her problem, because this assumes that the client defines right and wrong as well. They suggest that without a personal relationship with Christ, we lack many things. Scripture gives us guidelines for behavior and absolute, objective truth (p.102).</td>
</tr>
</tbody>
</table>
References


