SOLUTION-FOCUSED BRIEF THERAPY IN PRACTICE

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ABSTRACT:

Solution-focussed therapy is a very widely used evolving psychotherapeutic approach. It is otherwise known as 'solution-focussed brief therapy' or 'brief therapy' and is commonly abbreviated as SFBT. It has emerged as a model in clinical practice in the past few decades that was developed predominantly from the work of Steve de Shazer, Insoo Kim Berg & their Colleagues.

SFBT is:

- Goal driven
- Individual based
- An optimistic therapeutic process that affirms client strengths.
- Helping clients develop a desired vision of the future wherein the problem is solved, and to explore and amplify related client exceptions, strengths and resources to co-construct a client-specific pathway to making the vision a reality.

Key Words: Psychotherapy, solution-focussed brief therapy.

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Solution-focussed therapy is a very widely used evolving psychotherapeutic approach[21]. It is otherwise known as 'solution-focussed brief therapy'[26] or 'brief therapy' and is commonly abbreviated as SFBT. It has emerged as a model in clinical practice in the past few decades that was developed predominantly from the work of Steve de Shazer, Insoo Kim Berg & their Colleagues[8, 9, 18 & 25].

SFBT is:

- Goal driven
- Individual based[24]
- An optimistic therapeutic process that affirms client strengths[4, 16 & 18].
- Helping clients develop a desired vision of the future wherein the problem is solved, and to explore and amplify related client exceptions, strengths and resources to co-construct a client-specific pathway to making the vision a reality[21].

EFFECTIVENESS OF SFBT

SFBT accomplished 70% or better success rates in broad range of clinical problems such as depression, suicidal thoughts, sleep problems, eating disorders, parent-child conflict, marital/ relationship problems, sexual problems, sexual abuse, family violence and self-esteem problems[4]. It is identified that mental health problems such as eating disorders, anxiety, depression, suicidal thinking, deliberate self-harm and psychosis are all considered receptive to SFBT across community and in out-patient settings[1, 2, 6, 15, 17, 21 & 23].

Nurses trained with SFBT deliver improved care and patients find themselves that their communications with the nurses improved and helped them to focus on employing their existing strengths to achieve their life goals[3]. Unlike other psychotherapies, SFBT encourages nurses to discuss the thought disorders in the hope of helping the client to find solutions within them and to find successful ways of coping with them and this is a unique and positive advantage of SFBT[13].

PRINCIPLES AND TECHNIQUES OF SFBT

The solution-focussed nurse elicits, amplifies and reinforces the strengths, abilities and hope of the client[3]. SFBT session starts immediately unlike other psychotherapy sessions. If it is understood that the client did not have the opportunity to express his /her story/ problem and he/ she needs time to explain, usually, the therapist will avoid the client to repeat the painful stories or will ask to divulge painful details about past unhappy experiences [17]. Avoiding the professional terminologies or jargon and using the terms used by the client will help to develop the therapeutic bond[17]. It is a good practice to acknowledge the pain or distress which the individual is confronting[1] and to listen for clues to any pre-session changes that indicate the client may be less distressed since initially coming for help and explore these changes[22 & 27].

Greenberg et al [12] suggested that acronym '**MECSTAT**' can be followed.

M - Miracle questions
E - Exception questions
C - Coping questions
S - Scaling questions
T - Time out
A - Accolades and
T - Task

Miracle question is used in SFBT and this is one of the best known techniques that help the client visualise and describe in detail how they want things to be when the particular problem is solved. Employing the miracle question allows clients to think about an unlimited range of possibilities including moving towards achieving a more satisfying life[5]. Miracle question is asked slowly and silence is kept for few seconds whilst client considers this prospect. The aim

is to open up a 'miracle dialogue' that explores in detail the changes that would be noticed, not just by the client but by family, friends, or work colleagues and what each person might do or say differently when the miracle happens[22]. De Shazer[8] gives the sample miracle question structure as below:

'Suppose that when we finish this conversation and you leave this room at the end of today's activity you go to sleep. While you are asleep a miracle happens and the miracle is that the problem that was concerning you is solved. However, because this has happened while you were asleep you do not know that the miracle has occurred and your problem is solved. When you get up in the morning, what are the first things you notice that will tell you that this miracle has happened?'

'Exceptions' are times when the problem could have occurred, but it did not or it was less severe than usual[8]. Information on the exceptions will help individuals to formulate the strategies that resolve or reduce their problems[6]. The client is asked to reflect on and describe in detail what was different when the problem didn't occur or what they did differently[10]. Exploring exceptions would help clients to become more aware of their present and past successes and to repeat or do more and gain confidence in making improvements for the future[7].

When a client reports that the problem is not better, the therapist may intervene ***coping questions***[20] and they are used to elicit client's strength and resources. Coping questions are particularly useful in shifting the focus of discussion from rumination over problems into opportunities for progress[11].

Scaling is another technique used in SFBT to help the client to plot their progress. Clients are asked to rate on a 10-point scale their current position in relation to their identified goal[11]. Scaling questions are most helpful to the SFBT practitioner and to the clients to view their progress in less daunting and manageable steps[17]. It is a starting point from which the future progress can be assessed[12].

Timeout allows both clients and counsellors to reflect on the therapeutic conversation that have just concluded and as well prepares clients to receive the accolades and task assignment that are to follow. The justification for using time out warrants reinforcements[12].

Using the **accolades** seems to be a simple strategy, but it helps a lot for solution building conversations: it validates client's progress; it encourages clients; emphasises strengths and abilities; it sets up the expectation that past successes is a good indicator of future possibilities; it fosters confidence and it supports relationship building and maintains rapport. Accolades can be in any forms including compliments and cheerleading[12]. To draw attention to client's strengths and past successes compliments are used routinely and that might be useful in achieving the desired goals[26]. Compliments affirm what is important to the client and create hope[6].

The home work **tasks** such as thinking about the times when exceptions occur and note the differences; observe for positive changes; do more of the exceptions and pay attention to the consequences that can be discussed at the end of the session. The therapist can give the feedback to acknowledge the problem, to reinforce exceptions and to emphasise on client goals and strengths, thus it provides clients with opportunities to repeat past exceptions and produce new exceptions that draw them closer to the solutions[6]. It is always better to conclude the session with a usual question: Is there anything else you wanted to discuss that we didn't get to talk about today?[16] Although many clients need one session, usually SFBT is conducted over three to five sessions and there is no fixed session limit[15 & 17]

CONCLUSION

Solution-focussed nursing is a facilitative, participatory, respectful process that acknowledges and accepts that people will ultimately make their decisions[26]. Overall, the solution-focussed interaction is known as the 'constructive

conversation'[14]. SFBT helps nurses to provide evidence-based brief interventions with patients[14] and to rethink their philosophy of care and become more focussed on helping patients to find some solutions to their problems[27].

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