



# “Solution Focused Brief Therapy”

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# Solution Focused Brief Therapy

## 3 CEU Credit Hours

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### **Course Description:**

This course overviews solution focused brief therapy (SFBT), discussing its components, uses and outcomes for impacting client issues, altering destructive behavior patterns and improving communication techniques.

### **Course Objectives:**

At the conclusion of this course the professional will be able to:

1. Identify the core elements of solution focused brief therapy
2. Conduct initial interviews using SFBT methods
3. Apply the structure of SFBT to a variety of counseling settings, including therapy with couples, families and individuals
4. Describe client condition in context of strengths
5. Prepare clients for understanding therapeutic homework in SBFT and utilizing these methods

### **Purpose of this course:**

The purpose of this CEU course is to provide discussion relevant to the mental health counselor on the principles and uses of solution focused brief therapy with specific client populations.

### **Course Outline:**

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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### **3 Clock Hours / CE Credits**



If you ever have any questions concerning this course, please do not hesitate to contact

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# Solution Focused Brief Therapy

## Course Outline

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## Preface

The *Solution Focused Brief Therapy (SFBT)* course has been developed for mental health therapists and other helping professionals who wish to develop a deeper understanding of how to use solution-focused techniques in a brief style of intervention. SFBT techniques can be integrated into psychotherapy treatment planning as a useful way to set goals and identify solutions to the client's problems.

There is an abundance of research which supports the benefits of SFBT across various populations who have a range of problems or mental health issues. Although it is a stand alone treatment approach, some of the techniques can be incorporated into more intensive therapy to serve a range of purposes. In particular SFBT techniques can be used for goal setting and identifying strengths and resources.

This course has been designed to teach skills in SFBT to helping professionals in fields such as psychology, social work and family therapy across various client populations. SFBT is a successful intervention approach that is helpful in working with individuals, families and couples.

The course includes an introduction to SFBT which explores the basic principles of the approach, the history, and evidence-based research which supports the efficacy of the SFBT model. The introduction also compares SFBT to other treatment methods and looks at the specific role of the therapist in SFBT.

To enhance skill development in SFBT, specific techniques are covered in the second module of the course. Typical session structure and the particulars of goal setting under the SFBT framework are included. Prominent SFBT techniques such as the miracle question, scaling and progress questions, exception questions and other interviewing techniques are covered in detail with specific examples of applications.

Specific applications of SFBT are explored when working with couples, families and children. Examples of interviewing techniques with each of these populations are provided along with a case study.

By the end of this course, therapists will have a better understanding of Solution Focused Brief Therapy and how this approach can be integrated into existing psychotherapeutic practice. Therapists will also learn specific techniques that they can use with clients to enhance skill development.

## 1. Introduction to Solution Focused Brief Therapy (SFBT)

Solution Focused Brief Therapy (SFBT) is a competency based approach which focuses on a clients strengths rather than their failings. It differs from more traditional therapeutic approaches models as it focuses on solutions rather than problems. SFBT requires the therapist to be self-disciplined and have specific attitudes, beliefs and an approach to therapy that is positive and future-focused.

### 1.1 What is SFBT?

Solution Focused Brief Therapy (SFBT) is a strengths based approach that is focused on solution-building rather than problem-solving. It is a competency based model that minimizes the emphasis on problems of the past and instead highlights the client's strengths and prior successes. SFBT is founded on the grounds that there are exceptions to every problem and through exploring these exceptions and having a clear picture of the desired future, solutions can be generated by the client and therapist.

Basic assumptions of SFBT:

- Therapy is briefer when focused on strengths and solutions
- Focus should be on the desired future not on past problems
- Clients have a wealth of resources and solution behaviors that are already present
- There are exceptions to every problem- times when the problem wasn't there or was less troublesome
- Therapists help clients find solutions to problems
- Small goals lead to success of larger goals
- Therapists show clients how to view their problems in a different way
- Clients want to change and have the skills to make changes

Essentially, SFBT helps clients to construct solutions rather than dwelling on their problems. This approach helps clients to recognize their own unique resources and strengths to solve their problems.

SFBT is a process that involves asking specific, solution focused questions to formulate future-oriented goals, identify exceptions and amplify the client's strengths.

### 1.2 History of SFBT

Historically, psychotherapeutic approaches focused on client pathology and their problems. The therapist was the expert on treating the client's problems. By the late 1950's- 1970s there was a shift in psychology to focus on the present moment and challenge the expert role of therapists.

Solution Focused Brief Therapy was developed by Steve de Shazer and Insoo Kim Berg in the early 1980's. After working from a position of treating problems for many years they altered their practice approach to focus on solution behavior and how to encourage this in therapy.

SFBT emerged with the idea that individuals may already have the resources to solve their problems and that they are the experts of their own lives. It became a more collaborative approach to counseling.

SFBT is a systems based model of counseling which found early success in family therapy and later serious alcohol and drug problems. At present, SFBT has applications to family therapy, couples, domestic violence perpetrators, mental health issues, parenting issues, social and welfare services. It is applicable to various populations from substance abusers, families, adolescents to mental health clinics and primary schools. SFBT has been helpful in treating parent-child conflict and child behavior problems as well as suicidal behavior, substance abuse, anxiety, depression and problem gambling.

### **1.3 The role of the therapist in SFBT**

SFBT is an approach that is easy to learn, but requires a lot of self-discipline and can be difficult to apply in the therapeutic setting. Therapists must not focus on client pathology or analysis of the problem- often a very different approach to other therapeutic models. The therapist takes the stance that the client is the expert and refrains from providing advice or interpretations. It takes practice to learn to view and describe situations from a different perspective, which is solution focused and future oriented. Clients play an active role in goal setting as they can visualize how they want their future to be. SFBT requires a therapist to be flexible.

There are many important tasks for a therapist to undertake in SFBT with clients.

1. **Positive stance:** Therapists have an attitude that is respectful, positive and hopeful. A belief that people are resilient and have the strength and resources to change.
2. **Solution seeking:** Therapists are looking for times when the problem wasn't present
3. **Exception seeking:** Therapists are looking for times when the problem could have occurred but didn't
4. **Questioning:** Questions play an important role in SFBT and therapists will rarely interpret, challenge or confront their client
5. **Future focused:** Therapists strive to direct the client towards future oriented goals and what is working at present rather than focusing on the past and how the problems transpired.
6. **Compliments:** Encouraging clients to continue doing what is already working for them and highlighting their strengths.

Using SFBT techniques effectively requires practice and continual reflection on the part of the therapist. It is common when learning this approach, for a therapist to become absorbed in the problems that the client is experiencing. It takes careful listening and self-awareness to redirect the session towards solution focused behavior rather than the problem behavior. Supervision can be helpful in identifying how to apply these techniques smoothly.

#### **1.4 Contrast to other treatments**

Solution Focused Brief Therapy is systems based approach which focuses on solutions and pre-existing client strengths. It is similar to other competency based approaches such as motivational interviewing.

Traditional treatments focus on exploring problematic thoughts, emotions and behaviors through assessment, interpretations and education. In contrast, SFBT helps clients see a desired future where the problem no longer exists and explores the client's strengths and resources in the search for solutions. The client takes the lead in defining the goals and identifying strengths. SFBT focuses on how clients change rather than diagnosing and treating problems.

Similar approaches:

- Motivational interviewing- competency based, resiliency oriented
- Cognitive behavior therapy (CBT) - some similarities although goals are formulated by the therapist and tasks are assigned rather than clients continuing with exception behavior.
- Narrative therapy- takes a non pathology approach and is client focused

Dissimilar approaches:

- Psychodynamic therapies- identify pathology and focus on the past rather than future solutions
- Other problem focused approaches

SFBT is also different in the sense that there is no formalized assessment of the client. Therapists do not gather information about the symptoms, pathology or family structure nor make diagnoses. This is a shortcoming of working from this model if your workplace requires these formalities.

Assessment in SFBT involves asking a series of questions to formulate goals and client outcomes are assessed through scaling questions at various intervals during the clinical relationship. This will be further explored later in the course.

## 1.5 Research supporting SFBT

For research purposes, SFBT has been defined as inclusive of at least the following techniques in the first session: the miracle question, a scaling question, complimenting the client upon summary of the session and a homework task. To evaluate SFBT the use of specific techniques identifies this approach as unique to other therapies.

There have been several studies conducted to evaluate SFBT which provide some evidence of its effectiveness with a variety of different populations. SFBT has been used to treat a range of clinical disorders such as anxiety, depression, schizophrenia and substance abuse problems. Many studies report on the effectiveness of SFBT in outreach settings for adolescents, adults and families but research has also emerged for its effectiveness in inpatient settings also. For inpatient clients who have severe mental illnesses, it is likely that SFBT will be used conjunct with additional medical and psychological interventions.

SFBT has also shown success in educational and business settings. The future focused and goal oriented approach of SFBT fits well with action oriented settings such as school, universities and corporations. SFBT is a common approach used for corporate counseling interventions as it focuses on empowering the client and initiating change in a time restricted framework. This works for corporations who desire their employees returning to their working potential as soon as possible once an issue has been identified. SFBT has shown some hope as a brief intervention for youth with challenging behaviors and those with academic problems.

The benefits of SFBT extend to couples and families where much success has been identified. Often in relationships where there is negativity and the problems are all consuming, SFBT can provide couples and family members with a different perspective on their situation, providing them with hope and a clear picture of their preferred future.

SFBT is a useful approach to working with people and is effective in working with a range of populations and problems.

## 1.6 Stages of change

When working with clients from a SFBT model, it is important that the therapist is in tune with what stage the client is at in their motivation to change. Diving straight into action about what a client can do to change may be a little further along than where they are at in the present moment. There are various elements that are referred to as the 'stages of change' that clients may move in and out of during therapy.

*1. Pre-contemplation:* At this stage, clients have no intention to change or take any action towards the near future. They are unaware of the consequences of their behavior and avoid talking about their behavior. They

are likely to underestimate the advantages of changing and will overestimate the costs. Clients at the pre-contemplation stage are unlikely to initiate therapy unless it is mandated or strongly encouraged by family members.

2. *Contemplation*: Clients intend to change in the next six months or so. They are somewhat more aware of the advantages of changing and more accurately informed about the cons. They may be ambivalent about their situation and are not quite ready for action-oriented treatment programs. Clients at the contemplation stage usually know what they need to do but struggle to follow through with the change.

3. *Preparation*: At this stage, clients are planning to take action in the near future, usually within a month. They tend to be aware that they can change and ready to act on this. They may have taken some action in the preceding year towards their goal and are now ready to use SFBT.

4. *Action*: Clients have taken specific actions to modify their lifestyle within the preceding six months. They are in the process of making changes.

5. *Maintenance*: Clients are working to maintain changes in their life and prevent relapse. They have developed strategies to continue their changed lifestyle and are feeling more confident to continue.

6. *Termination*: Clients are now at the stage where they have no temptation to revert back to previous behaviors and feel confident and self-efficient.

Clients move through these stages of change at various times of their lives about various issues that they face. It is common for clients to move back and forth throughout the process before reaching maintenance and termination. For example they may move from action stage back to contemplation and preparation as their ambivalence about change reemerges.

## 2. Applications of Solution Focused Brief Therapy

This module will cover the typical session structure employed in Solution Focused Brief Therapy as well as goal development and the specific interviewing techniques that are unique to this model of therapy. Common challenges therapists face in SFBT are also considered.

### 2.1 Session structure

Although session content is mostly structured by the client, there is a loose structure integral to the solution focused model. There are a series of interviewing techniques that must be used for the model to be considered solution focused brief therapy. Therapists use their own judgment about the timing and exact wording of these elements to the approach.

As a brief intervention approach, the number of therapy sessions required typically ranges from 1-12 sessions over a 3-4 month period. It is not the number of sessions that is important for the model to be successful, but whether the goals developed by the client are being achieved.

There are essential requirements that must feature in a solution focused session and following sessions. It is the role of the therapist to expand on these techniques to assist the client in developing goals and identifying solutions.

#### *First session:*

Pre-session change

Ask what the client is good at

Ask and follow up on the miracle question

Ask and follow up on the progress scale question

Compliment the client at the end of the session

#### *Second session*

Ask and follow up 'what is better' at the beginning of the session

Ask and follow up on the progress scale question

Compliment the client at the end of the session

Each of these components will be discussed in further detail throughout this module. It is the role of the therapist to identify opportunities throughout each session to incorporate SFBT techniques and steer the client towards solution focused behavior. It is essential that at least the miracle question, a scaling question and homework experiment forms part of the session for it to be considered a session based on the SFBT model.

## 2.2 Goal setting

Most therapeutic approaches aim to develop clear, specific and achievable goals for a client. In SFBT, the therapist attempts to make small goals rather than larger ones. Clients are encouraged to frame goals in a solution focused way. For example:

“I want to eat smaller food portions throughout the day” is better than “I want to stop overeating”

Keeping in line with SFBT, goals are framed to incorporate the positive results desired as opposed to the absence of problem behavior. When a goal is framed in terms of the solution, it makes it easier to measure change through the use of scaling questions.

At first it can be difficult for clients to think in a solution focused way and it is the role of the therapist to shape the session to promote solutions wherever possible.

For example if a client’s goal is:

I don’t want to feel depressed

When problems are identified, the therapist can ask a question that steers the client towards the solution.

If you weren’t feeling depressed how would you feel instead?

This question elicits a solution and positive framing of the goal. A common answer would be “I would be happier.” Below is a scenario of the conversations between client and therapist in reframing a goal.

Client: I don’t want to feel depressed

Therapist: If you weren’t feeling depressed how you would feel instead?

Client: I would be happier

Therapist: If you were happier, what would be different about you?

Client: I would get out of the house more and see my friends

Therapist: So getting out of the house and seeing your friends would make you happier? (And less depressed)

The therapist can return to the initial goal of feeling less depressed and ask:

Other than being happier, is there anything else that would be different about you if you weren’t depressed?

Goals are elicited early in the first session through various interviewing techniques. Once a goal has been established, through this line of questioning the therapist can determine where the client is currently in terms of meeting their goal and what they have to do to work towards the goal. For example, in the scenario above, the therapist could explore how

often the client currently gets out of the house, how often they see friends and what resources are being utilized.

### 2.3 Pre-session change

It is common for clients to notice that between the time that they have phoned and scheduled the appointment with a therapist and when the first session occurs that things already appear different for them. A solution focused therapist will take this opportunity to identify current solution behavior the client is engaging in:

What changes have you noticed since you called to schedule this appointment?

There are two possible answers to this question.

Firstly, they may say that nothing has changed. Therefore the therapist simply moves on to commence the session by asking open ended questions such as

How can this session be helpful?

What would need to happen today for this session to be really useful?

What needs to happen in this session for you to say that it was a good idea to come and talk to me?

Alternatively, if the client reports that things are about the same. Then the therapist can explore the client's strengths about how the situation has not worsened. This line of questioning can lead to previous solutions and exceptions.

How have you managed to keep things from getting worse?

Secondly, the client may say that things have been different or better. The therapist seizes this opportunity to ask numerous questions about what is different to obtain a lot of detail. Solution-talking then commences which involves emphasizing the client's strengths from the very beginning. It also provides an opportunity to develop a specific and affirmative goal.

So, if these changes were to continue, would this be what you would like to achieve?

Asking clients about pre-session change sets up the framework that strengths and solutions will be highlighted not problems during SFBT. This approach can be quite a different experience for clients who are used to being asked about their problems rather than what they are doing well at.

## 2.4 Strength seeking

An important role of the therapist in the SFBT model is to identify the client's strengths and resources. When a therapist enquires about what the client is good at, this usually sets up a very different therapeutic experience for them. It introduces a strengths based approach with an inherent belief that the client has good qualities and skills. This is contrast to other approaches of therapy which enquire about what is wrong and what problems they are experiencing. It is also a light and fun way to build rapport with a client as they have an opportunity to talk about what they value in themselves.

What are you good at?

What would your wife/ father/ child (etc) say that you are good at?

The client may be stumped by this question, but generally they will come up with something that the therapist can work on. The therapist must be thorough in exploring the client's strengths as the earlier you start to talk about things in a positive way the easier it will be for you and the client to use these techniques in sessions. Developing affirmations facilitates cooperation in the counseling process.

Identifying strengths and complimenting the client are crucial to SFBT and the smooth progress of change towards the client's goal. Positive goal directed behavior is amplified and complimented which highlights to the client the importance of their past successes and the skills they already have to achieve their goal.

## 2.5 Miracle question

The Miracle question is the leading technique in Solution Focused Brief Therapy. As some clients have difficulties articulating a goal, the miracle question is a way to ask for a goal that the client comes up with themselves by considering their preferred future. The miracle question is a technique that assists client to think broadly about new possibilities for the future and to imagine how their life would be changed if the problem was solved.

The question is best asked directly and dramatically. Clients may seem puzzled by the question or have difficulties thinking about what life would be like but usually they will come up with something.

**Q.** Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem that prompted you to talk to me today is solved. However because you are sleeping, you don't know that the miracle has occurred. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and your problem has been solved?

Follow up questions are important after the miracle question has been asked. A description of the preferred future needs to be broken down into detailed, specific and smaller 'wants' that can be translated into goals.

How will that be different?  
What will be different about you?  
What will you be doing instead when you are not...?  
When you stop.... What will you do then?  
When you are feeling.... What will you be doing?  
How will s/he notice that you are feeling...?  
Who else will notice your being more....?  
What will they do when you...?  
What will you do when s/he....?  
What would be the first sign that s/he...?

Each question can be followed up with 'what else?' for further alternatives.

Here is an example transcript after the client was asked the miracle question:

Client: My husband and I wouldn't fight anymore.

Therapist: If you and your husband weren't fighting anymore what would you be doing instead?

Client: We would be talking happily and listen better to each other.

Therapist: How will that be different?

Client: We would be happier together and communicating better.

Therapist: What will be different about you?

Client: I would be more relaxed.

Therapist: What would your husband notice about you?

Client: He would see that I am relaxed and know that we could talk more openly without me getting angry at him.

Therapist: What would your husband do if you were more relaxed?

Client: He would talk to me more. He wouldn't shut himself off, he would stop avoiding me.

Therapist: If that was happening what would be different about how you feel?

Client: I would feel more connected to him. We would have a better relationship.

What the client is able to construct in conjunction with the therapist is the goals of therapy which can usually be taken from the answers in the miracle question. In the example above, the questioning reverts back to what the client would be thinking/ feeling/ doing and what would be different about them, keeping in mind that she cannot change her husband's behavior. It emerges that if the client felt more relaxed then she would be less angry at her husband and they would likely talk more and connect better. A goal of therapy that has been identified is for the client to be more relaxed. This could be broken down into more specific, smaller goals using scaling questions.

## 2.6 Scaling questions

Scaling questions invite clients to see their problem on a continuum and evaluate their progress towards goals. Scaling questions ask the client to rate their position on a scale of 1 to 10, where one is the least desirable and 10 is the most desirable situation. Usually the scaling question will emerge from the goals identified in the miracle question discussion.

On a scale of one to ten, where one is the worst the problem has ever been and ten is when things are at its best, where would you rate things today?

What I want to do now, is scale the problem and the goal. If one is as bad as the problem can be and ten is the best it can be, where would you rate your current situation?

When the client rates their position, the therapist then explores what the rating looks like in action. For example:

Tell me what a three looks like  
What is happening to indicate that you are at a three?

From there the therapist and client determine the goals and preferred outcomes. The therapist asks the client where things are currently and where they would like to be to feel that therapy was successful. For example:

You say you are currently at a 3, what would you like to be for you to feel that therapy has been successful?"

You say you are currently a 3. What would need to happen so that you could say things were a 4 or 5?

Inviting the client to view their future at smaller points along the continuum, allows the goal to appear more achievable and less overwhelming. It also sets up a measure for the therapist and client to observe changes that occur.

Here is an example transcript of a scaling question following the miracle question. This follows on from the miracle question example above, about the woman who gets angry at her husband.

Therapist: Now, I would like you to rate this goal on a scale of one to ten. With one being the least relaxed you could be and ten being the most relaxed you could be. Where do you see yourself now?

Client: Probably a five. It helps talking about it.

Therapist: So what is specifically happening for you at the moment for you to be at a five?

Client: Well I'm not at home worrying about getting all the cleaning done and running around after the children.

Therapist: What is different about that?

Client: I guess I'm doing something for myself, being here. I don't want to be angry and complaining all the time. When I do things for myself I feel more relaxed, less tense and angry about doing things for everyone else.

Therapist: So when you do specific things that focus on yourself, it helps you feel more relaxed?

Client: Yeah. I give myself to everyone all the time and hardly ever have time for myself.

Therapist: So if you are currently at a five, where on the scale would you be satisfied? What would you like to get to on the scale to feel that your time with me has been helpful? Keeping in mind that ten is the ideal.

Client: I would be happy with an eight.

Therapist: And what would an eight look like?

Client: I would be doing something for myself like taking a class or getting a casual job. If I had time out from home and was doing something just for me I think I would be a lot more relaxed.

Therapist: So at an eight you would be taking a class or working and you would feel more relaxed. What would people notice about you if you were at an eight?

Client: They would see that I am happier. I would yell less. I would be easier to be around.

Therapist: So if you were more relaxed, your family would see you acting differently?

Client: Yeah, if I was happier then they would be too.

Therapist: So, if you are currently at a five, what would need to happen for you to move to a six?

Client: I think if I enrolled in a class that I could go to each week, even if it is only for fun. I would feel a lot better in myself and a lot more relaxed.

The scaling question serves many purposes. It is an important assessment device in Solution Focused Brief Therapy and provides an ongoing measure of the client's progress and the changes made. This type of questioning also promotes the importance of the client's evaluation, rather than the therapist being an expert on the situation. Additionally, scaling questions focus on previous solutions and exceptions and endorses changes that occur.

## 2.7 Progress questions

In subsequent sessions, the initial scaling question is re-explored. The therapist asks the client again where they are on the scale to see if there has been progress. For example:

What is different since the last time we met?

What has changed since our last meeting?

If the scale increases, then the therapist gets a detailed description of what is better and how they were able to implement the changes. The following questions can be asked:

Now that you are at a (rating on scale), how are things different?  
What are you doing differently?  
Who else may have noticed your being at a....?  
How did it happen, that you went from a three to a four on the scale?  
How did you decide to do that?  
How do you know you can do more of it?  
What needs to happen so you can do more of it?  
As you continue to do these good things for yourself, what difference will that make to you from tomorrow?

The therapist takes this opportunity to compliment the client on being able to make things better which solidifies the change. For example, the therapist could ask:

Wow, you did that? Tell me more...  
How did you know that would help?  
What is it about you that helped you do that?  
It was impressive that you took that step on your own, when did it occur to you that it was the right thing to do?

If things have remained the same, then the client can be complimented on maintaining their changes and for not letting things get worse. This will sometimes lead to instances where the client has actually made some small changes. For example:

How did you keep it from going down?  
How did you stop things from getting worse?

Progress questions serve as a tool for finding positive changes and encourage the client to continue what they are doing that is working. When used in a follow up session, the progress question is followed up by a discussion about the next steps towards the goal. The therapist will ask what needs to happen for them to move one point up the scale towards their preferred position. For example:

What needs to happen so that you can go up to a 6?  
What will you be doing differently when you are at a 7?

This line of questioning keeps the focus on the goal and continues to break it down into smaller achievable steps.

## **2.8 Coping questions**

Coping questions can be used to steer the client towards solution behavior when they report that their situation has not improved or that they do not feel any better. This is an important strategy that can be used when a therapist feels stuck by the client's immobility in the change process. It can be pointed out to a client that although things have not improved, they have also not gotten any worse. This means that there are resources and

strengths at work here to prevent the problem from getting worse. The following questions can be used to prompt the client towards solution behavior:

How have you coped with this situation to the degree that you have?  
How have you managed to stop it from getting worse?

When a client identifies behaviors that are maintaining the problem and preventing its deterioration then this is amplified by the therapist. The client is complimented and enquiries are made about the solution behavior, if this were to continue would they be getting closer towards their goal.

From here, the client can be re-directed back to the scaling question. What would it take for them to move up a point on the scale towards the goal?

Coping questions help the client to identify that although their problem has not improved they have the resources to maintain their situation from worsening.

## **2.9 Exception questions**

Exception questions aim to empower clients to find solutions for their problems. Through the use of specific questioning, the therapist can help the client to identify times when things have been different for them. Exception questions often flow on from the miracle question once a detailed picture of the preferred future has been attained.

It is important that in the role of the therapist you are continually screening the client for talk about previous problem solving and exception behavior. This requires attentive listening and a lot of practice to skillfully identify the client's previous solution behavior.

Tell me about the times when you haven't been depressed  
When was the last time that you feel you were coping better?  
Was there ever a time where you and your partner communicated well?  
Can you think of a time when the problem was not in your life?

It is important that the therapist gets details about the exception to help the client explore how they have managed to be without the problem in the past.

What do you suppose you did to make that happen?  
What do you think friends/ family would say about how you made that happen?

When exploring the exception the therapist genuinely compliments the client on the previous solution behavior.

Where did you get the idea to do that?

That makes a lot of sense. Have you always been able to come up with ideas like this when you have been in difficult situations?

In relation to exception questions, the therapist has three main tasks:

1. Listen carefully for exceptions to the problem- when the problem could have occurred but didn't.
2. When an exception has been identified, the therapist amplifies it by getting more details about it and congratulating the client.
3. Connect the exception to the client's goal

It is the therapist's role to skillfully link the exception back to the goal or miracle picture. For example:

If this exception were to occur more often, would your goal be achieved?

What will it take for that to occur more in the future?

What do you need to make it happen again?

What would you say your husband/ wife/ partner would say about the chances of this happening again?

On a scale of one to ten, where ten means you are very confident and one is not at all confident, what are the chances that a time like the exception will happen again in the near future?

When an exception is linked back to the goal it highlights to the client that their preferred future is achievable and that they have the skills to solve their problem. This is very encouraging for your client and they will feel empowered to take steps towards achieving their goal.

## 2.10 Homework

Many types of therapy use homework assignments to solidify changes begun during therapy and is mostly assigned by the therapist. In SFBT, therapists may suggest a possible 'experiment' which is usually based on something the client is already doing that is getting them closer towards their goal. SFBT follows the principles that the client is more likely to change if the change emanates from them rather than the therapist. So in some cases, the therapist may ask the client to set the homework. This allows the homework to be tied in with their own goals and personally relevant to the changes they want to see.

Therapist: Before we end our session today, I would like you to think about a homework assignment. If you were to give yourself something to work on in the next week, what would it be?

Client: I would like to set some time aside for myself this week. Even if it is just an hour.

Therapist: Can you tell me more?

Client: Well, I feel more relaxed when I have some time out to do something just for me, rather than worrying about everyone else all the time. I always put off doing things I want to do, so I'd like to try and have an hour to myself this week.

Therapist: What do you plan to do in this hour?

Client: Well, I'd love to continue reading a book I started months ago.

Therapist: That sounds like a great relaxing activity that you can spend an hour doing.

Client: Yeah, I'm sure I can set aside an hour since I've been able to talk to you today for an hour.

Therapist: That's great. You have already been able to set aside an hour for yourself this week, by coming and talking to me about what changes you would like in your life. So I think it's a great homework assignment to have another hour to do something you enjoy such as reading.

What stands out in this transcript is that the client identified their own goal and it flowed on from previous solution behavior that leads towards achieving her goal. The therapist compliments the client on this decision and links it back to how they already have the skills to make this happen. However, even if the client identified something that wasn't based on solutions, the therapist would probably still support it.

The therapist will check in with the client about how the assignment went at the next session. If the client did the assignment and it was helpful then the therapist compliments the client and encourages the client to explore ways of how they can continue with this solution behavior to achieve their goal. The therapist also revisits the coping scale, to see where the client now rates themselves in progress towards their goal. If the assignment was not completed, then this is not explored further. Rather they are asked by the therapist what else the client did between sessions.

Homework is not essential in SFBT, rather it is marketed to clients as an 'experiment' something to try without the pressure or expectation that it must be completed and achieved. Homework suggestions usually flow on naturally from the discussions that emerge from exception behaviors. For example "how can you do more of that?" This can be revisited at the end of the session to discuss homework.

## **2.11 The alternative SFBT interview**

Incorporating SFBT into an initial assessment with a client can assist you to formulate goals in collaboration, regardless of what type of therapy you will use for subsequent sessions.

The following is an example of an alternative interview using Solution-Focused Brief Therapy:

First we are going to talk about what has been troubling you. I want you to tell me, in any order what is causing you distress. I am going to write these down under the heading 'issues.' This will help us find out what you would prefer your future to look like.

The therapist continues to prompt the client by saying 'anything else?' The list of issues is a way of drawing out the goals for therapy. The goals are elicited by asking specific questions about each issue.

When you no longer... What will you be doing instead/ what difference will this make for you?

When...is no longer happening, how will you feel/ think/ behave differently?

When... is no longer a problem, what will change?

This leaves the therapist and client with two lists, a list of 'wants' and a list of 'don't wants.' The therapist then reads out each list and asks the client to correct anything that does not sound accurate.

The following example is about a woman who dislikes her job. The therapist has just asked her to list her issues.

Client: I don't want to do this kind of work any more. I don't want to be in retail I want to be a vet.

Therapist: You don't want to be in retail anymore, anything else?

Client: I don't want to be doing things that don't relate to being a vet. It just feels like a waste of time.

Therapist: Anything else.

Client: No that is my main issue.

Issues list:

- Does not want to be in retail
- Does not want to be doing activities unrelated to being a vet

Therapist: When you are no longer working in retail, what difference will this make?

Client: I would be so much happier. I would actually be working towards my career goal.

Therapist: If you were working towards your career as a vet, what will that change?

Client: I'd feel like I have more of a purpose. Like I'm not wasting my life doing a job I have no interest in doing.

Wants list:

- Working towards being a vet
- Being happier/ having a purpose

The list becomes the treatment plan for working with the client towards achieving their goals (wants).

The therapist can then use this list to explore, what the client is already doing that is related to her career goal e.g. study, volunteer work, seminars, workshops. What the client has done in the past could also be further examined to draw out the exceptions. The purpose of this interview is to find out what the client wants her future to look like, what she is already doing to work towards this goal and how she could move closer. Scaling questions are useful in this sense to get a picture of what each step towards the goal looks like.

## **2.12 Challenges for therapists**

There are various clinical problems that arise during therapy, in particular resistance to change, crises and relapses. The solution focused therapist does not interpret these issues as compounding to the clients problem.

In the SFBT model, there is no poor motivation in clients; rather the therapist is likely to have misinterpreted which level the client is at in the process of change. This is why goal-setting in SFBT must be small and achievable and something that the client has been able to achieve in the past.

When a client presents as experiencing a crisis, the therapist focuses on how the client is coping with the situation rather than focusing on the problem or how bad it is for the client. These strategies help reorient the client back to their resources and strengths to manage the crisis.

Change is constant and inevitable and so in the SFBT model, there can be no relapse. Rather, the client moves to a different and new experience. What is commonly known as a relapse is perceived as a new challenge in therapy. SFBT views a set back as a sign that success had to have been achieved at some stage for there to be a relapse. The therapist focuses the client back on what they were doing when they had been successful in achieving their goal and to encourage them to do more of that once again.

No matter what comes up in therapy, the therapist who works under a SFBT model will utilize solution focused techniques to keep the client on track with achieving their goal.

### 3. Specific Applications

SFBT can be applied to specific populations by adapting questioning techniques to suit the clientèle. In this module we look at applications of SFBT to working with couples, families and children.

#### 3.1 SFBT with couples

It is easy to get caught up in the problems present in a relationship when working with couples. Particularly when the relationship has become quite hostile and they are unable to focus on the strengths in the relationship or each other, SFBT can be a useful strategy for shifting their perspective.

When couples come to therapy, they are usually looking for a final chance to save their relationship or to see whether it is worth saving. They are often argumentative and blaming. SFBT can focus the couple on their strengths and resources and move them away from conflict towards cooperation.

To determine each partner's commitment to change in the relationship the following scaling questions can be used:

On a scale of one to ten, where one is completely unsatisfied and ten is completely satisfied, where would you rate yourself in the relationship?

How dedicated are you to make this relationship work, where one is not at all dedicated and ten is absolutely dedicated?

How confident are you that your relationship can improve, where one is not at all and ten is absolutely?

Just hearing that each other are committed to change and are confident that their relationship can improve can instill some hope into couples who are insecure and unsure how each other are feeling. At times when a couple scores quite differently, this can be the insight they need to decide whether to pursue working on the relationship or not.

SFBT with couples follows the general session structure outline in the earlier module; however the line of questioning is modified. To demonstrate SFBT techniques with couples, the following case study will be referred to:

*Renee is frustrated with her husband Simon who works long hours and does not spend much time with her and the children. Simon is trying to financially support his family and feels Renee does not appreciate him.*

In the first session, the miracle question is asked to establish the goals of therapy.

Therapist: Ok, I just want to stop you both there. I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem that prompted you both to talk to me today is solved. However because you are sleeping, you don't know that the miracle has occurred. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and your problem has been solved?

Renee: Well, I suppose we wouldn't be fighting.

Simon: Yeah, there wouldn't be so many arguments.

Therapist: Okay, anything else?

Renee: Simon wouldn't be working so late. We would do more things together.

Simon: Ideally, I wouldn't have to work so much. I would be spending more time with the family.

Therapist: Okay good. So if you weren't fighting what would you be doing instead?

Simon: We would be talking more.

Renee: We would not be so angry with each other.

Therapist: And if you were talking more how would that be different?

Renee: We don't talk anymore. We just see each other in passing and so we are arguing at the only time we do have together.

Simon: Yeah, I feel like the little time we do have together we are always arguing.

Therapist: And if you weren't angry with each other what would be different?

Renee: Well, we could enjoy our time together more.

Simon: We would be happier.

Therapist: What would your children notice about the two of you if you were happier, talking more and spending more time together?

Renee: They would probably be more settled.

Simon: Yeah, they have been acting out a bit. I think they know we have been having problems.

Therapist: So if you were spending more time together and talking more civilly, and if this were happening would you say that the goals of therapy had been achieved?

Renee: Yes, definitely. That's all I want.

Simon: Yeah, we wouldn't need to come anymore then.

The line of questioning that follows the miracle question helps to establish what the couples' preferred future looks like. The therapist also needs to establish what has been working in the relationship and how they want it to be different.

Early in therapy, it is useful to explore how long the couple has been together. Ask them how they met and why they were drawn to each other. What qualities in each other did they find important. Questions about the early stages of a relationship will elicit positive talk about what they admire in each other and remind couples of why they got together in the first place. This focuses them back to a time when their relationship was more satisfying and in essence this is an exception to their current problem. There have been times in the past that the relationship has been better functioning and so the therapist needs to understand what is different now.

To find out what has been working in the relationship, the following questions are asked:

Where would you rate your relationship out of ten, with ten being perfect and one being the worst it could get?

Why not one out of ten? What is working in the relationship that stopped you from rating it at say a one?

The therapist can scaffold the couple's desire for the relationship to be different by asking:

If your relationship was at \_ (one point above where they rated) what would your partner be doing differently?

How might this difference affect you?

The therapist needs to elicit very detailed and concrete terms. This can be sought by asking 'and what else?'

Each question is repeated to each of the partners and then they are asked to say how they felt listening to what the other has said.

The therapist needs to find exception behavior and to elicit specific examples of when they have been working well as a couple.

Is there anything your partner is doing at the moment in your relationship that you would like to see continue?

Are there times in the past when things were working well? How are those times different to now?

Solution behavior can be extracted by asking each partner if they could both do more of what worked in the past, in the present.

At the end of the first session a homework task can be requested to encourage solution behavior:

I want you both to notice the things your partner does that you want to continue to happen. These could be the smallest things and it doesn't matter how small. Write them down and bring them next week, but I don't want you to tell each other what you have written down or to discuss it until then.

I want you both to choose a miracle day where you act as though the problem that brought you to therapy was already solved. But you can't tell each other which day your miracle day is, the other person has to guess.

These homework tasks are very much solution oriented and encourage the couple to leave the session thinking about how to make their relationship better, rather than dwelling on all the problems.

At the second and follow up sessions, exception questions and successes are explored:

What has been better since I saw you last?

How do you rate your relationship on the scale today?

Any successes, however small are amplified and complimented by the therapist. The couple is encouraged to do more of what is already working. They could also be asked a progress scale question of what would need to happen for them to move a point up the scale.

Couples pose many challenges for therapists. They often have entrenched communication styles and present to therapy as a last resort to save their relationship. SFBT has many advantages of working with couples including; instilling hope, focusing on strengths and resources already present in the relationship, focusing on solutions rather than problems and provides an avenue for success in a short period of time.

### **3.2 SFBT with families**

Traditional family therapy models view change in terms of the systems of interaction between members in the family. Family therapy aims to nurture change and growth and emphasizes family relationships. SFBT aims to promote the exploration of solutions among common family problems.

Typical problems that are presented to therapy include child behavior management, parent-adolescent conflict, sibling rivalry, school problems, couple relationship difficulties and other forms of family conflict.

Problems in families can be complex as each individual experiences the issue in their own way and interact with one another. Including all members of the family is an essential part of family therapy treatment. Sustained change needs to be transferred from therapy and continue in the home. Family sessions provide grounds in which the family can practice new, healthier behaviors.

SFBT aims to include the whole family in searching for solutions to promote a sense of hope that things will be different in the future. Each family member begins to see themselves as an important part of the solution during SFBT. In the SFBT model, the therapist explores what each family member wants and asks them to reflect on what has been said.

To identify strengths and resources the family has the following questions are asked:

What things are you and your family doing that you would like to continue?

What is your family good at doing?

In addition to the miracle question, the therapist will use interviewing techniques to get a picture of each family members preferred future.

How will you know that things will be better at home?

What will you be doing/ feeling/ thinking differently if the problem no longer exists?

Finding the exceptions to the problem in a family context is important for moving the family towards achieving their goal. Consider the following case study and transcript of a family involved in SFBT.

*Rita (16 years old) is frustrated with her mom who she believes does not pay any interest in her. Her mother gets angry that Rita doesn't talk to her as often and prefers to be with her friends.*

Mother: She hardly ever talks to me anymore.

Rita: You never listen.

Therapist: So, there have been times when Rita does talk to you.

Mother: Yeah, but that's very rare.

Therapist: When was the last time that Rita had a conversation with you?

Mother: Hmm, last Tuesday when she won soccer at school.

Rita: Yeah, I was so excited that we won.

Therapist: Tell me more about when you were talking about the soccer game

Mother: Rita came home from school in a good mood and just started to chat about it.

Therapist: What were you doing at the time?

Mother: I wasn't doing anything actually, which is not usual on a weeknight. I was just reading the newspaper before I started cooking dinner.

Rita: Yeah, she actually listened to me.

Therapist: So you felt that your mother was paying you her full attention on that occasion?

Rita: Yes, usually she is running around doing stuff and doesn't even listen to what I'm saying. She is usually ready to talk later at night when I don't have anything to talk about and I'm tired.

Therapist: So when your mother is concentrating on what you are saying and not doing other things you feel more listened to?

Rita: Yes.

Therapist: And what was that like for you?

Mother: It was nice. I felt I could pay attention to what she was saying because I wasn't running around doing other things.

Therapist: So if Rita talked to you more about things she is interested in and your mother listened to what you had to say. Would that mean that the goals of therapy would be achieved?

Mother/ Rita: Yeah, definitely.

Therapist: How could you do more of what you did last Tuesday afternoon?

Mother: Well, I guess I could just stop what I am doing for ten minutes or so when Rita gets home and then I could listen to what she says.

Rita: Yeah, if mom stopped and listened properly then I would probably talk to her more.

This is an example of how exception questions can elicit what is already working for the family and how to solve their problem. The therapist explored the last time the problem wasn't there and amplified how they were able to do this. By highlighting to the family that they have been able to solve their problem before, it empowers each member to continue towards solution behavior in the future.

Scaling questions can be used to rate the current functioning on the family against their preferred future.

On a scale of one to ten, with one being the worst things have been and ten being the miracle, where are you right now?

What will you be doing differently when you move one more step further up the scale?

When concluding a session, a homework task can be utilized to bond the family as they leave the session with a common objective.

For the rest of the day, pretend that the miracle happened and notice what difference it makes.

What difference does that make for you?

What are you doing differently when things are better?

I want each of you to choose a miracle day where you act as though the problem that brought you to therapy was already solved. But you can't tell each other which day your miracle day is. See if you can guess which day each of you is pretending the miracle happened.

Take notice in the next week so you can tell me in our next session, all the things you like about your family and that you want to remain the same.

The purpose of homework tasks is to increase the family's awareness of their strengths and resources and to allow them to practice the new behaviors in the home.

Families can be challenging when they present with varying needs. It is the role of the therapist to find out what each member wants and how the family can work together to solve their problem.

SFBT can provide families with hope of change in the future and provide them with the skills to identify their own strengths and solve problems that arise. It focuses on the future and solutions rather than getting caught up in the problems that exist.

### 3.3 SFBT with children

Parents often seek professional help in managing a range of childhood problems such as bedwetting, soiling and separation anxiety. The home environment can sometimes be frustrating for both the parent and child who may not understand why the problems occur.

In SFBT model, the cause of the problem is not investigated; rather the therapist explores what the issue is from the parent's perspective and then uses specific techniques to orient them towards identifying solution behavior. It is usual that the parent will present to the first session without the child and this is appropriate when obtaining information about the problem. The child does not need to be present when the parent is venting their frustration about the difficulties they are experiencing.

The following steps can be followed when working from the SFBT model:

1. Define the problem
2. Exceptions
3. Strength seeking
4. Complimentary feedback

#### *Define the problem*

The therapist explores with the parent specific behaviors that are causing distress without becoming absorbed in the causes and motivations behind the behavior. The following questions elicit what the parent is doing and what the child is doing in the problem situation:

- What does the child typically do?
- How do you typically respond?
- How is the child when you leave for pre-school/ school?
- When did this behavior start?
- How is the child coping?

This line of questioning elicits from the parent a detailed scenario of the problem and who engages in what behavior. It also draws the parent's attention away from the child being the problem and focuses on the behavior from a neutral stance.

#### *Exceptions*

The therapist then explores the times when the problem has not been present. For instance has there been times when the child has not been anxious when dropped off at pre-school or times when she/ he has not wet the bed? This draws focus onto previous solution behavior and allows the parent to start thinking about what is happening in the environment that can influence whether the problem is present or not. The following questions can be asked to establish exception situations:

Have there been times when your child has not been like this?  
Tell me about the times when this has not been a problem for your child.

If exceptions are identified then the therapist amplifies this and demonstrates to the parent that the child does not always engage in this problem behavior. The therapist can compliment the child and provide the parent with hope through comments such as:

Wow that's great, so he can do it?  
It's good to know that she can separate from you at pre-school even though she doesn't like it.  
So he does have the skills to behave in a more constructive way?  
That's great so 4 out of 7 nights she is not wetting the bed?

If the parent has confidence that the child can overcome the problem then the child will feel more confident also. SFBT encourages the parent to look positively towards the future and to be hopeful that things can be different.

### *Strength seeking*

An important aspect of SFBT is to explore the positives in the family and what is currently working well.

Tell me more about your family?  
What's going well for your family?  
Describe your child  
What is your child good at?

Strength seeking redirects the parent away from problem talk to positive aspects of the family situation. It helps to separate the child from the problem; they are an individual who has strengths and skills.

### *Complimentary feedback*

The final part of the first session with a parent involves providing feedback and complimenting the family on what they are currently doing well. It is also important that the therapist highlights the specific strengths of the child for example

Sounds like your child is very creative, assertive, determined etc

Comments like these can be expanded on to draw attention to these qualities in other areas of the child's life where her behavior is considered a strength rather than a problem.

In the second session, the therapist meets the child and parent together. The purpose of this session is for the therapist to engage the child and to see what their understanding of seeing you is.

Some of the questions a therapist can use to find out the strengths of the family from the child's perspective include:

Who is in your family?  
Tell me about each family member  
What is mom like?  
What is dad like?  
Tell me about happy.... (use child's name)  
Tell me about unhappy.... (use child's name)  
What are you more often (happy or unhappy)?

This last question is a scaling question for children. Various resources can be used when asking these questions such as figurines, picture cards and other toys that can represent various family members.

Here is an example of a transcript for Suzie, a pre-schooler with separation anxiety.

Therapist: I'm just wondering how come mom has brought you here today

Suzie: Because of school

Therapist: What happens when you go off to school in the morning?

Suzie: I get sad because I don't want mom to leave me

Therapist: What do you do when you don't want mom to go?

Suzie: I cry

Therapist: Mom, what else happens?

Mother: She has a tantrum, she yells and won't let go of my leg

Therapist: Suzie, I bet mom gets annoyed sometimes?

Suzie: Yeah

Therapist: I bet you feel alone, when mom is leaving you

Suzie: Yeah, I don't like it when she goes.

Therapist: I think I know what is going on here...

The therapist then labels the child's difficulty with something that is child friendly and externalizes the problem e.g. wobbles, shakes, tremble etc.

Therapist: I think you have a case of the wobbles

Suzie: What's that?

Therapist: The wobbles is what happens when your mom drops you off to school

Therapist: When do the wobbles start?

Suzie: When we get to pre-school

Therapist: When do they leave?

Suzie: (shrugs) after the teacher plays with me for a bit

Therapist: So, Suzie do you want to be in charge of your life or do you want the wobbles to be in charge?

Suzie: I do

Therapist: What do you think would be helpful for mom?

Suzie: If I didn't get upset when she left

Children can be asked exception questions too:

What are some of the things you do to feel braver and get rid of the wobbles?

This helps the child feel that they do have some control over their behavior. Ask the parent to write down a list of these strategies with the child.

How can a child be asked the miracle question? Well older children can be asked the extended miracle question script; otherwise younger children can be asked a simpler question:

If everyone in the family was happy, what would you be doing?

The next step is to have the child observe the behavior themselves, by initiating a homework task. Here are some examples:

I would like you to do some homework, I want to see who is stronger, you or the wobbles.

I would like you to try and use these strategies (exceptions) to help you get rid of the wobbles. Mom will write down what you use and you will get a sweet next time.

Why don't we see how clever mom is and I want you to behave as though the miracle happened but don't tell mom. Choose two days and then mom has to guess which days they were. Mom's homework is to guess and to write down what is different on your good days. There will be a prize for who completes their homework.

A prediction task can also be used to promote hope in the child and parent. For example:

Every night before you go to bed, you both need to predict who will win the next day- either the wobbles or the child. At the end of each day, circle who won and after a couple of weeks we will see who is winning.

The parent is encouraged to praise the child even if there is only one day the problem is not present in a two week period. It is important that the parent focuses on what the child is doing well and reinforces that this is what they want them to continue. The therapist encourages the child to try and beat the wobbles and instills a belief in them that they can have some control over this behavior. If the parent is particularly negative about the child, the therapist can ask them to write down all the times when the child is doing good things to redirect their focus towards the child's strengths.

Once the child's behavior improves the child can be given a certificate or treat of some sort to reinforce their progress.

There is a variety of ways that SFBT can be used in treating childhood problems with the involvement of the parents. SFBT aims to redirect the parent's perspective of the situation as one that can be changed and improved. It also highlights that their child does have strengths and skills that can be used to help the situation.

## 4. Summary

Throughout this course you have attained a greater understanding of the theoretical model of Solution-Focused Brief Therapy (SFBT) and how to apply practical techniques with clients. SFBT techniques can be integrated into psychotherapy treatment planning as a useful way to set goals and identify solutions to the client's problems.

SFBT is a competency based approach which focuses on solution building rather than problem solving. It promotes the clients strengths rather than their failings.

Historically, psychotherapy focused on client pathology and their problems but this has evolved throughout recent decades to focus on the present moment and identification of the client as the expert on their lives. SFBT was developed by Steve de Shazer and his wife Insoo Kim Berg in the early 1980's as an alternative practice approach to traditional models. SFBT is similar to motivational interviewing, CBT and narrative therapy in some respects and differs greatly to psychodynamic therapies.

To work from the SFBT model, the therapist must take a positive stance towards the client, seek solutions and exceptions to the problem, carefully question the client in a future focused direction and compliment them on their successes. The therapist must also be familiar with the stages of change: pre-contemplation, contemplation, preparation, action, maintenance and termination.

Research suggests that SFBT has been effective in treating a variety of different populations such as anxiety, depression, schizophrenia and substance abuse problems.

The solution-focused approach is a brief intervention with sessions typically ranging from 1-12 over a 3-4 month period. For the model to be successful the first session must include an exploration of pre-session change, client strengths and ask the miracle question and progress scale questions.

In terms of goal setting, therapists attempt to make small goals rather than larger ones that are framed in a solution focused way.

In the first session, the therapist takes the opportunity to assess whether there has been pre-session change. The therapist also explores the client's strengths and resources to build rapport and talk about what they are good at.

The miracle question is the leading technique in Solution Focused Brief Therapy. As some clients have difficulties articulating a goal, the miracle question is a way to ask for a goal that the client comes up with themselves. The miracle question is usually followed up by scaling questions which rate where the client see their problem on a continuum and the goals will emerge from this.

Progress questions are asked in follow up sessions to see where the client is on the scale. When there has been no improvement, coping questions steer the client towards solution behavior. Exception questions are a common SFBT technique which aim to find solutions for the clients problems by identifying what they are already doing which is working. Homework tasks can be used to encourage the client to continue doing what is working and to get them closer towards their goal.

An alternative interview using SFBT that can be utilized during the first session with a client and involves listing all the clients issues (don't wants) and their wants to create a treatment plan.

SFBT can be applied to specific populations. In this course we looked at applications of SFBT in working with couples, families and children. Specific techniques are identified to promote family cohesion and solution seeking skills.

This course has provided an introduction to Solution-Focused Brief Therapy and how to integrate it into existing psychotherapeutic practice. You will now be better equipped to use SFBT techniques in therapy to improve outcomes for your clients.

<END>

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~ Richard K. Nongard, LMFT/CCH/CPFT  
Executive Director

# “Solution Focused Brief Therapy”

## 3 Continuing Education Clock Hours

### Procedures to Receive CEU Credit:

- This document contains all of the course materials you needed to read.
- Now you must complete the required True/False Evaluation of Learning Quiz and submit it to our office along with your payment, in order to obtain your CEU certificate.

#### **FOR ONLINE SUBMISSION:**

Go back to [www.FastCEUs.com](http://www.FastCEUs.com) and click the "QUIZ & PAY" link for this course.

On the page that opens, enter your information and take the T/F Quiz. When you click SUBMIT, the program will instantly grade your quiz, and provided you pass by at least 80%, it will then charge your credit or debit card.

Immediately, a new web page will open containing your Receipt and Certificate info, and a Link will be provided to access a fancy Certificate for you to Print and/or Save to your computer.

You will also receive an Email containing this same information and the link.

*You will **NOT** receive a paper certificate in the mail - This electronic system provides numerous options for you to print and save your CEUs.*

#### **FOR FAX OR MAIL SUBMISSION:**

Print the Quiz and Payment forms on the next few pages of this document, and complete the requested information.

Our 24-hour secure Fax number is **(888) 877-6020**.

If you fax your quiz and payment to us, please do NOT also mail it.

We process faxes within approximately 4 business hours after receiving them. Faxes submitted late in the day or after hours will be processed the next business morning. However, all certificates are dated the date we receive your course quiz and payment.

*You will **NOT** receive a paper copy of your Certificate in the mail.*

Enter either your fax number or an Email address and we will send your CEU Certificate to the contact info you provide.

If you prefer to use a check or money order, please Mail the quiz and payment to:

**PeachTree Professional Education, Inc.**  
**15560 N. Frank L. Wright Blvd, #B4-118**  
**Scottsdale, AZ 85260**

# EVALUATION OF LEARNING QUIZ - PAGE 1 of 4

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

**\* \* \* \* OR \* \* \* \***

You may complete and submit this information ONLINE by following this link:

<https://www.fastceus-store.com/quizzes/index.php?extension=SFBtherapy>

## **PLEASE NEATLY PRINT THE FOLLOWING INFORMATION:**

NAME as you want it on your CEU Certificate: \_\_\_\_\_

Your professional cert/license with numbers: \_\_\_\_\_

ADDRESS for record keeping: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

DAYTIME TELEPHONE Number: (\_\_\_\_\_) \_\_\_\_\_

We will FAX or EMAIL your CEU Certificate (no copy will be mailed).

— **CLEARLY PRINT** YOUR FAX # or EMAIL ADDRESS:

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*(IF you FAX us your Evaluations do NOT mail them. WRITE NEATLY so you get your CEUs.)*

## **“Solution Focused Brief Therapy”**

This **3** Hour CEU Course is **\$49.00**

CIRCLE: Master Card    Visa    Discover Card    American Express    Check

Enclosed

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

(Security Code = last 3 digits on card back for MC, Visa, Discover - or 4 digits on front for Amex)

Signature: \_\_\_\_\_

**Mail:** PeachTree Professional Education, Inc.  
15560 N. Frank L. Wright Blvd, #B4-118, Scottsdale, AZ 85260

**Phone:** (800) 390-9536    **Fax:** (888) 877-6020

## EVALUATION OF LEARNING QUIZ - PAGE 2 of 4

### “Solution Focused Brief Therapy”

#### 3 Hours of Approved Continuing Education Credit

*The purpose of the following Evaluation of Learning questions is to:*

- A.) Verify that you have read the required course materials
- B.) Demonstrate an understanding of the practical application of the course materials
- C.) Officially document your participation and completion of this course

#### ➔ ANSWER THE 20 EVALUATION OF LEARNING QUESTIONS – TRUE/ FALSE

- T F 1.** I have read all of the required reading material for this course.
- T F 2.** There is only anecdotal evidence that SFBT is effective, but research looks promising.
- T F 3.** Solution Focused Brief Therapy (SFBT) is a competency based approach which focuses on a clients strengths rather than their failings.
- T F 4.** SFBT is a process of psycho-education without any questions, because they are time consuming.
- T F 5.** Solution Focused Brief Therapy was developed by Steve de Shazer and Insoo Kim Berg in the early 1980's.
- T F 6.** Therapists must not focus on client pathology or analysis of the problem-often a very different approach to other therapeutic models.
- T F 7.** SFBT is dependent on a very formal assessment process.
- T F 8.** Assessment in SFBT involves asking a series of questions to formulate goals and client outcomes are assessed through scaling questions at various intervals during the clinical relationship.
- T F 9.** Clients are encouraged to frame goals in a solution focused way.
- T F 10.** The Miracle question is the leading technique in Solution Focused Brief Therapy.
- T F 11.** Scaling questions invite clients to see their problem on a continuum and evaluate their progress towards goals.
- T F 12.** Coping questions can be used to steer the client towards solution behavior when they report that their situation has not improved or that they do not feel any better.

**CONTINUED →**

## **EVALUATION OF LEARNING QUIZ - PAGE 3 of 4**

### **“Solution Focused Brief Therapy”**

**3 Hours of Approved Continuing Education Credit**

***(CONTINUED)***

- T F 13.** Many types of therapy use homework assignments to solidify changes begun during therapy and is mostly assigned by the therapist.
- T F 14.** SFBT can focus the couples on their strengths and resources and move them away from conflict towards cooperation.
- T F 15.** Family therapy is too complex for applications of SFBT.
- T F 16.** Causes of the problems with children are always investigated in SFBT.
- T F 17.** Incorporating SFBT into an initial assessment with a client can assist you to formulate goals in collaboration, regardless of what type of therapy you will use for subsequent sessions.
- T F 18.** SFBT aims to redirect the parent’s perspective of the situation as one that can be changed and improved.
- T F 19.** To work from the SFBT model, the therapist must take a positive stance towards the client, seek solutions and exceptions to the problem, carefully question the client in a future focused direction and compliment them on their successes.
- T F 20.** Homework is never a part of SFBT.

## **GRADE THIS ONLINE COURSE! – Page 4**

*It is helpful to us if you return this form via snail mail or fax, along with your Quiz and Payment, if you are not completing the form online. Thank-you!*

### **Participant Assessment of Home Study CEU Course**

### **“Solution Focused Brief Therapy”**

### **3 Credit Hours**

**Please Rate the Following Statements from 1-5**

**(1 being the Lowest, 5 being the Highest.)**

- \_\_\_\_\_ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
- \_\_\_\_\_ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.
- \_\_\_\_\_ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- \_\_\_\_\_ 4. I completed the 3 Hour PeachTree Online Home Study Course in approximately 3 hours.
- \_\_\_\_\_ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

**ADDITIONAL COMMENTS:**