Solution-Focused Ready Reference Card
~ FIRST SESSION ~

1. What brings you in today? (listen and acknowledge)

2. Suppose a miracle happens - what will be the first thing that will be different tomorrow morning? What else?

3. Are there times when pieces of the miracle are happening already? How does that happen?

4. On a scale from "1" to "10" -
   a. Where are you today? (baseline)
   b. What will be one small sign that you are moving up the scale one number? (small goal)
   c. How willing are you to - (motivation)

5. I am going to take a break - is there anything else?

6. Summarize the session by:
   a. Complimenting and acknowledging
   b. Bridging
   c. Giving a homework task

Assumptions of Solution-Oriented Practice

1) Language not only describes reality, but creates it. Thus, every conversation is an opportunity for change and growth.

2) Conversations directed at constructing solutions are usually more useful than those directed at pursuing explanations.

3) The client system is comprised of all those who are concerned, _and_ have agreed to work on it.

4) Clients are always cooperating. (Thus they can't be resistant).

5) Change is occurring all the time. Sometimes it occurs rapidly. Being open to that possibility is helpful.

6) Services should be as efficient and as brief as possible.

7) Collaborative empowerment is the goal of service.

8) Clients have resources and strengths which can be identified and utilized to create meaningful change. The therapist's job is to help identify these strengths, and to encourage their growth.

9) Solutions which originate from the client's frame of reference are likely to be especially useful. (Clients are experts in their own lives, we can be expert only in generalities.)

10) Assessment is intervention, and intervention is assessment.

11) Exceptions provide an opportunity to have a different kind of conversation, and exceptions to every problem can be found.

12) Solutions can be constructed to most problems.

13) All knowledge is provisional.

14) Professional practice should operationalize the values of the profession.

Collaborative Empowerment

Empowerment - what is it?

> The transformation of human relationships such that the individual experiences a change from being object to becoming subject. From acted upon to actor.

Social work action, through a collaborative process, should lead to facilitating the client's own acts of self-empowerment, and to the enactment of professional values.

Collaborative empowerment -

> The worker is also empowered through the process of mutuality, respect, connection, and collaboration - and validation

The Context of Practice

As helping professionals, it is critical that our assumptions, assessment criteria, and practice skills derive from a knowledge base driven by fundamental values.

Some Key Social Work Values

1) Individual and collective self-determination
2) Respect for human dignity
3) Respect for individual and cultural diversity
4) Relationships grounded in mutuality
5) The importance of human rights
6) The pursuit of social justice

A Context of Validation

To be a part of the change process, every individual requires recognition, respect, support, and most importantly, a sense of being valued.

Each community member must ask:

> From where or whom do I now receive validation?
> & What does that look or feel like?

> From where or whom do I need to be validated?
> & What will that look or feel like?

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Clarifying Goals

1) **Goals** - what will be the task of work together
    Going towards versus going away from

    - In a positive representation - what <u>will</u> they be doing?
    - In the client's language & as specific as possible
    - Within the client's control (meaning that the action can be started and/or maintained by the client

Clarifying goals.

    - What is your goal in coming here?
    - What would your spouse (child) say is their goal in your (their) coming here?
    - How will you know that coming here was helpful to you?
    - How will we know when it's time to stop?

Clarifying words: Getting specific & deconstructing language

    - You'd like everyone to get off your back. What do they do now to get on your back? What will they be doing instead?
    - You say that you are codependent. What does that mean to you? How do you do codependency? Has that concept been helpful to you?

Setting achievable, interim goals:

    - You say that you want to stop drinking forever. Most people find it hard to think about forever, and more helpful to think about one day at a time. Let's say that you aren't going to drink for the rest of today. What will you be doing differently? What will be the first thing that you will notice that's different? What's the first thing that you can do to help yourself to not take drink today?

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Identifying the Client System

In solution-focused practice the client system is comprised of everyone who shares a goal and have agreed to work on it.

Visitor

> Sometimes the person in your office or agency is a visitor. They may have agreed to see you, but have no contract for work with you and may have no particular complaint.

Complainant

> Complainaints have a specific complaint, but like visitors have not made any contract to work with you on it.

Client (Customer, Consumer)

> A client has a complaint, and has agreed to purchase or use your services in the process of solving it or creating a solution. Some people prefer using the title of customer or consumer.

Patient

> A patient is defined as "one receiving medical care". Solution-focused social workers or other professionals work with persons who are patients of doctors, hospitals, and other providers of medical care. However, one is not a patient in a solution-focused contract. One is either a client, customer, consumer, or just a person.

Target

> People are often the target of others, who may be our clients or may not. For example, in the instance of a parent concerned about the behavior of a child, it is often the case that the parent is the complainant and the child the target, at least initially. Another example is the "involuntary" client (e.g. probation) who is the target. Sometimes, targets can become clients, when they are engaged in the change effort.

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Solution-Oriented Therapy Skills

Getting Started with Clients

1) Acknowledgement, validation, & joining

2) Avoiding problem talk

3) Establish rapport: matching, support, normalize

4) Finding the right pace

Solution-Oriented Assessment & Intervention Techniques: Overview

1) Identifying the client system. Who's included? When is a client not a client?

2) Defining goals -
    - Criteria for well-defined goals
    - Responsibility and accountability
    - Partializing and prioritizing concerns

3) Identifying strengths, resources, competencies

4) Deconstructing language (unpackaging loaded terms)
   Inclusive (both/and) language versus either/or

5) Exceptions, miracles, and solutions

6) Changing the viewing and changing the doing
    - Pattern assessment - clarifying and detailing patterns
    - Pattern Interventions

7) Externalizing

8) Scaling questions: Building in Evaluation
   Coping questions

9) Client-centered records
    - Assessments
    - Direction(treatment) plans
    - Notes and Note-taking

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A Brief History of Brief Therapies

Sigmund Freud
- Early work

Milton Erikson *[handwritten: e.g. as behavior, pattern, then interrupt]*
- Utilization, informal trance, strengths
  [handwritten: deficit turned into strength]

Mental Research Institute - Watzlawick, Weakland, Fisch
- change

Jay Haley & Chloe Madanes *[handwritten: non directive]*
- problem solving therapy
- strategic therapy

James Mann *[handwritten: ("beware of time")]*
- time-limited - 12-session
- focus on time, goals, ending

Peter Sifneos
- STAPP - short-term anxiety provoking psychotherapy - *[handwritten: insight change]*
  [handwritten: (1970s also see for the model)]

Reid & Epstein
- Task-centered social work - *[handwritten: outcome in 6 session as goal as 30 sessions]*

Albert Ellis
- RET - rational emotive therapy

Steve deShazer & Insoo Kim Berg - Brief Family Therapy Center
- pre-session change - *[handwritten: 70% made pre-session change]*
- formula tasks - *[handwritten: pay attention to what is working]*
- miracle question

William Hudson O'Hanlon
- language is a virus, wordplay, humor
- hypnosis

Moshe Talmon
- SST - Single Session Therapy
- findings of research

Addictions, abuse survivors, couples, family, group, organizations
Related developments: postmodernism, narrative, strengths
perspective

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Identifying Exceptions

2) **Exceptions** – Three types of exceptions:
   When is the problem <u>different</u>?
   When is it <u>not happening</u>?
   When is the <u>solution happening</u>?

   - Identifying exceptions
   - Focusing on exceptions, solutions, strengths
   - Exploring differences
   - Exploring past solutions

Identifying exceptions.

Example: "When you aren't fighting...."

   - What are you doing differently (or instead)?
   - What is your spouse (child, parent) doing differently?
   - What would your spouse (child) say you are doing differently?
   - What would your spouse say he(she) is doing differently?
   - If I were a fly on the wall, what would I see you (spouse, both of you) doing differently?

Cheerleading & compliments:
   Enhancing responsibility & accountability

            - How did you *decide* to do that?
            - How do you *do* that?
            - How do you *make* that happen?
            - How do you explain that? (highlights doing something positive)
            - That is really great!

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Constructing Solutions

Constructing solutions

> Building on pre-session change or past successes
> Identifying exceptions and doing more of them
> Having conversations which suggest new possibilities

Hypothetical solutions
> - imagining a future in which the goal is happening or the problem is solved

Questions which evoke hypothetical solutions:

> "When you are no longer fighting, (drinking, binging, oversleeping, etc.) ...."
> - What will you be doing differently (or instead)?
> - What will your spouse (child) be doing differently?
> - What would your spouse (child) say you will be doing differently?
> - What would your spouse (child) say he/she will be doing differently?
> - As a fly on the wall, what will I see you (your spouse, both of you) doing differently?

Normalizing falling back into old patterns:

> "Despite the best of efforts, it is not unusual to have setbacks along the way. What will be the first thing that you will notice that would let you know that you might be about to go back to your old pattern? What is the first thing you could do to stop that from happening? If it does happen, what would be the first thing that you can do to get back on track?"

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Sample Questions for Goals, Exceptions, and Solutions

Sample Questions for Goals, Exceptions, and Hypothetical Solutions

FUTURE:

What is your goal in coming here?

What would you like to have happening differently?

If a miracle happened and the problem was solved, what would you be doing differently?

PRESENT:

How is this happening now?   or   When doesn't _____ happen?

What is different about the times when_____ happens?
    (details of sequencing)

How do you get that to happen?

How do you get that to stop?

What have you thought of trying but didn't?

What do you do differently when_____ happens?

Who else notices when _____ happens?

How do they act differently when you act differently/or when you get_____ to happen?

PAST:

Have you ever had this problem in the past?

How did you resolve it or get it to stop?

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Pattern Interventions

PATTERN INTERVENTIONS: Changing the Viewing & Changing the Doing

Changing the viewing

- Use solution-oriented language
- Normalize client's experience
- Create alternative stories
- Reframing
- Circular and reflexive questioning
- Humor

Changing the doing

- Options
- Homework Tasks:

  1) Observe for positives
  2) Do more of the positives or exceptions
  3) Find out how the spontaneous exceptions are happening
  4) Do some small piece of the hypothetical solution
  5) Changing the complaint - location, duration, timing, intensity

- "Do something different"
- Creative scheduling - or "How I learned to stop worrying and go with the flow"
- What have you thought of trying but haven't?

(O'Hanlon, deShazer, Walter & Peller)

Translating accusations into requests

Example: You never talk to me.
Translation: I would like it if you would take fifteen minutes to talk with me each day.

Example: You don't love me.
Translation: I need to know that you love me. And the way I know that is if you tell me.

Example: You're an alcoholic!
Translation: I want you to come home for dinner.

Exercise: Working with a partner, practice translating typical presenting complaints and accusations into requests.

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The "Involuntary" Client
Decision Tree for Negotiation

(from Walter & Peller, 1992)

Whose idea is it that you come here?

What makes_____think you should come here?

What does_____want you to be doing differently?

Is this something you want?
    If yes, proceed as with a voluntary client.
    If no, ask: Is there something you would like out of coming
here? (goal frame)
        If yes, proceed as with a voluntary client.
        If no, explore the consequences of not coming to
sessions.

Once the consequences are clarified, ask again what the referring
person expects out of the client coming in for therapy (service).

    If the client knows, ask if he or she is willing to do what
    the referring person wants.

    If the client does not know, send her or him to the referring
    person to find out what the referring person wants as a result
    of completing therapy (service).

If the client is willing to do what the referring person wants,
proceed with what the referring person wants as the goal.

If the client does not want to adopt the referring person's goal,
compliment the client and...
    (1) say goodbye, or
    (2) state conditions for further sessions if continued
    sessions are required by the court of agency policy

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Externalizing

Externalizing the Problem

> Having, doing, & being - and externalizing
> Changing the problem identity
> Turning assets into liabilities

> Sometimes you eat the bear, sometimes the bear eats you, (and sometimes you form a partnership)

Example: I feel anxious.

Translation: There are times when anxiety gets the best of me.

Example: I am an anxious person.

Translation: There are times when anxiety is bigger than me.

Example: Johnnie is always acting out.

Translation: Bad behavior and Johnny are sometimes friends and sometimes enemies.

Example: We have a communication problem.

Translation: There are times when words are not so helpful.

Example: We are a dysfunctional family.

Translation: It often feels like dys- is more powerful than functioning.

Externalizing Exercise:

Practice translating/transforming a common presenting problem (or pick a quality or behavior you do not like or wish to change) into an external object, thing, or identity.

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Stories

Can you think of a story someone in your family has about your family that is different from your story about your family?

Can you think of a story someone in your family has about you that is different from your story about yourself?

How were you (are you) affected by your story, by the stories others have? (Thoughts, feelings, behaviors)

How do you manage these stories in your life? What is helpful, what is not helpful?

If you had a different story, what would it be? How would that affect your thoughts, feelings, behaviors?

If others in your family had the opportunity to change their stories, what do you think they would change?

Exercise:

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