

IS SOLUTION-FOCUSED BRIEF THERAPY DIFFERENT?

Some months ago in a conversation a cognitive behavioural therapist said: "Solution focused therapy is CBT with scales." Another therapist said: "I did solution focused therapy long before I heard of it. I've always tried to find solutions." A third one said: "Solution focus is no different from systems therapy". And the fourth one at the table said: "Anything that works is solution focused."

Well - everyone is entitled to their opinion and my view is my view and not an essential truth. I think that what happens in a solution focused brief therapy session is very different from what happens in sessions with therapists of other persuasions.

So how is solution focused brief therapy different? What specifically do clients and therapists do in a solution focused therapy session that is not happening in other therapy sessions? And there is another perhaps more important question: What is it solution focused therapists don't do that therapists of other persuasion do?

Therapists assumptions are visible and influential

Excerpt from a case in the SFBTA manual

http://www.sfbta.org/PDFs/researchDownloads/fileDownloader.asp?fname=SFBT_Revised_Treatment_Manual_2013.pdf (take a look in the manual if you want a more detailed analysis of this excerpt)

Therapist: **So, umm. Is it okay if we start like, uh [Pause]. What will have to happen, as a result of you coming here today – this afternoon, tomorrow, the day after tomorrow – for you to feel that it's been somewhat useful to, to be here?**

Every question we ask contains one or several presuppositions. When a question is answered the responder usually answers inside the frame set by the presuppositions and thus accepts the presuppositions as being true. (McGee and Bavelas <http://web.uvic.ca/psyc/bavelas/2005interact.pdf>). We tend to think about presuppositions as being hidden below or beneath the question but this is not so. Presuppositions are obvious once we look closely at what is said: **"Something could happen as a result of you coming here. This something could happen this afternoon, tomorrow or the day after tomorrow. If this happens it might make you feel that it's been somewhat useful to be here."**

A perhaps not directly visible presupposition above is that the therapist presupposes/assumes that the client is able to know what she wants to have happen as a result of the therapy session.

A single question and its presuppositions doesn't define a model. Far from it. Beginning a therapy session in this way would be very rare for therapists of other persuasions though. Most therapists use questions in the beginning of sessions that direct the attention towards the problem that brings the client to therapy. It's as if they are assuming that clients come to

therapy because they have problems. Solution focused therapists (at least I) start therapy with the assumption that people come to therapy because they want things to be better. This assumption can be seen in the presuppositions of the first question asked to the client.

After some initial hesitation the client starts answering the question thus accepting the presuppositions and joining in the construction suggested by the therapist:

Formulations and listen-select-build

Client: **Maybe just to sort together everything I'm---I'm feeling. I don't exactly know what that is yet. I don't - I don't exactly know what's bothering me, like- I mean I— I'm in the process of going through a divorce, so— I'm sure that's the majority of it.**

Therapist: **Mm, Mm.**

Client: **I just recently haven't been able to sleep too well, 'n—[pause] So I thought maybe this might—[pause] help me sort out—whatever I need to—“**

Therapist: **Right.**

Client: **--to get my life [slight pause] back together. [smile and slight laugh]**

So she expresses that she

- Wants to sort together everything she's feeling
- She doesn't know what that is yet
- She doesn't know what is bothering her
- She is in the process of going through a divorce and she thinks this is the majority of it (it = what she's feeling and not knowing what's bothering her)
- She hasn't slept well recently
- She thinks therapy might help her
- She needs to sort something out
- She wants to get her life together

One central part of the therapist's contribution in the co-constructive process is "listen-select-build" (de Jong and Berg, *Interviewing for Solutions* 5th edition). The therapist listens to what the client says, selects what he believes to be the most useful parts, omits the rest and then builds a question on these parts.

Therapist: **Help you sort something out to get your life together.** [Then nods and looks up at her; slight pause; then asks, while gesturing toward her:] **So what would be a feeling, ah, a thought, an action, something you would do or think or feel that would tell you that you were sort of getting your life together?**

Client: **Umm—[pause]**

Therapist: **--this afternoon or tomorrow?**

So the therapist selects "**sort something out to get your life together**". He then adds another presupposition inside the question, namely: "**she would have a feeling, a thought or an action that would tell her that she was sort of getting her life together and it could happen this afternoon or tomorrow**".

Client: **I guess like—just, relaxing maybe.**

Korman: **Relaxing.**

Client: [slight nod and goes on to describe how this would be different]

So the client accepted the therapist's transformation ("*Help you sort something out to get your life together*") of what she had said and she then added that if this started happening she would start "*relaxing*" (when the therapist echoed this word it is of interest that he omitted all words pointing to uncertainty; *I guess, like - just, maybe*. She didn't correct him and just went along. From the solution focused practitioners perspective they had started to create a version of her "preferred future". This version of a perhaps possible future is co-constructed - that is - they are both contributing to it. The therapist's contributions are in the presuppositions of his questions and in what he chooses to highlight and omit of what she has said (Two papers on formulations with our research on this can be found at [http://web.uvic.ca/psyc/bavelas/De%20Jong,%20P.,%20Bavelas,%20J.%20B.,%20&%20Korman,%20H.%20\(2013\).pdf](http://web.uvic.ca/psyc/bavelas/De%20Jong,%20P.,%20Bavelas,%20J.%20B.,%20&%20Korman,%20H.%20(2013).pdf) and [http://web.uvic.ca/psyc/bavelas/Korman,%20H.,%20Bavelas,%20J.%20B.,%20&%20De%20Jong,%20P.%20\(2013\).pdf](http://web.uvic.ca/psyc/bavelas/Korman,%20H.,%20Bavelas,%20J.%20B.,%20&%20De%20Jong,%20P.%20(2013).pdf)).

Thus emerges a particular dialogue with detailed descriptions of ordinary daily activities that she wants to have happen in her life when her problem is solved (the preferred future) and later in the session the parts of this that are already happening (we call those exceptions or instances or simply pieces of better). This particular pattern and the assumptions/presuppositions that are visible in the session are specific for solution focused sessions. It does not appear in any other therapy form.

The choices therapist's do when they pick up some things and ignore are driven by what the therapist believes is most useful to talk about. Obviously the things the solution focused therapist does not focus on – and thus develop into stories – are the things that are ignored from the client's first response:

- Wants to sort together everything she's feeling
- She doesn't know what that is yet
- She doesn't know what is bothering her
- She is in the process of going through a divorce and she thinks this is the majority of it (it = what she's feeling and not knowing what's bothering her)
- She hasn't slept well recently

Selecting any of these may be of interest for therapists of other persuasions.

What solution focused therapists don't do?

It's important to emphasize the selection process and what the therapist does with what he selects. This is where it most often very quickly becomes obvious if the therapist is not solution focused.

"So you don't know what you're feeling yet". "Is this what usually happens to you when you're under stress?"

"So you don't know what's bothering you most". "What is most problematic about that for you?"

"So you're in the process of divorce and you're having some sleeping problems." "How long have you had these sleeping problems and do you wake up during the night or are you having problems falling asleep?" or "What's most problematic for you about the divorce?"

"So - this sleeping problem. What do you call it?"

Any of these choices in the selection process and many more will be immediate signs for a knowledgeable observer that this is not a solution focused interview. Therapists making these

choices are interested in the form and the content of problem and generally don't have a clear view of how a description of a detailed preferred future can be useful.

Is anything similar?

A lot of the things that solution focused practitioners do are also done by non-solution focused therapists. Inquiring about strengths and resources and interests. Being empathic and understanding. Being curious about aspects of the client's life that are not connected to the problem the client is talking about. Being very polite, very respectful and non-judgmental.

And here I think some of the confusion arises. Therapists of many persuasions strive for this kind of relationships with their clients. Since this is what they want, when they see it happen in a solution focused session they will often think that this session is good therapy within their own frame of reference. So at least that is how I explain some of the experiences from people I know that have had supervision with supervisors that are not solution focused. An example: A very skilled solution focused therapist is following a training in Cognitive Behavioral Therapy and he shows a tape of a solution focused session (not saying anything about the model he is using). At the end of the supervision he asks the supervisor if the supervisor thinks this session is a cognitive behavioral session and the supervisor answers; "Yes absolutely. This is CBT plus, plus".

Harry Korman

May 2014