Solution FOCUS:

What is it good for?

SSFN

Scottish Solution Focused Network

Introduction

SFBT is a psychotherapeutic model which aims to 'build solutions' rather than 'solve problems (Popescu, 2005; Iveson, 2002). It differs from most other psychotherapies in this respect; rather than attempting to develop an in-depth understanding of the complexity, and history, of the presenting problem, SFBT looks to the future and focuses on the times when the problem is not experienced (exceptions). The therapist aims to help the client create rich descriptions of what their life will be like when the problem is gone, and to scale their progress towards achieving that state (Trepper et al, 2006). The approach was developed in Milwaukee, Wisconsin by a team of therapists, led by husband and wife team, Steve De Shazer and Insoo Kim-Berg, who placed the approach in the tradition of noted brief therapists such as Milton Erickson, John Weakland and Mara Selvini-Palazzoli (De Shazer et al, 1986. p.208). One of the more radical assumptions underpinning the approach was the assumption of client competence with which the therapy team approached their work; they assumed that clients already knew what to do to solve their problems, they just did not know that they knew. Thus, it was the therapist's role, they argued, to help clients "construct for themselves a new use for knowledge they already have" (p.220).

The theoretical and practical underpinnings of SFBT can be summarised as:

- The resources for change are in the client: she/he is the expert on their own lives and hopes
- 'No problem can be solved by the same kind of thinking that created it': Solution Building utilises a different mind-set to that of Problem Solving
- The therapist does not need to know anything about the facts and circumstances of the problem: see the first point above.
- The role of the therapist is to help the client recognise where exceptions are occurring in their life and to do more of the things associated with these events.

Thus, unlike other brief, but problem focused, therapeutic approaches the therapist doesn't take a theoretical position on the formation and/or

maintenance of the client's problem, but makes a pragmatic acceptance that there is a problem and then works with the client towards building a solution, rather than resolving the problem. Analogous to this distinction is the scenario where one is getting wet in a rain shower; it is easier to put up an umbrella (building a solution) than to stop it from raining (resolving the problem). SFBT has evolved into a structured communication framework utilised across a range of disciplines, focusing on the future, as opposed to the past, and on participant's strengths and abilities, as opposed to their problems and deficits.

Strength Based: Focuses on what the patient can do as opposed to what they can't do. Focuses on patient's abilities rather than deficits.

Future Focused: Looks to the future (which is open to change) rather than the past (which cannot be changed).

Not knowing: Nurse asks questions of the patient to assist them in finding solution (open conversation)rather than telling the patient what she thinks the solution is (closed conversation).

Solution Focused Interactions (SFI) is an umbrella term for those techniques and ways of communicating that grew out of Solution Focused Brief Therapy. Some of the key principles underpinning SFI are highlighted on the left. It can be seen that SFI focuses on the patient's strengths and abilities rather than on deficits and disabilities; in other words, it focuses on 'what is not the problem' and as a result provides the opportunity to foster a sense of hope and agency for patients and clients (Reiter, 2010).

The Scottish Solution Focused Network (SSFN) is an organisation of practitioners who wish to promote solution focused interactions by sharing their thoughts and ideas on solution focused communication and to provide peer contact between services and organisations engaging in Solution Focused practice in Scotland, and on a global basis. The aims of the Network are:

- To promote Solution Focused practice and thinking in Scotland,
- To support Solution Focused practice and thinking in Scotland, and
- To engage with the Scottish Government's agenda in Scotland.

The SSFN was established in 2012 and has a membership of over 100 solution focused practitioners, representing a variety of different organisations, in more than 7 major locations around Scotland. Member's backgrounds are in health care, social care, education (state and private sectors) and the voluntary sector among other areas of practice, and members come together through a shared interest in solution focused practice. The SSFN has an online web presence at http://www.solutionsinpractice.co.uk/ssfn.

We believe that SFI's make a difference across a range of settings. But, as solution focused practitioners we are more used to listening than telling. So, in this publication we have asked a group of mental health practitioners, most (but not exclusively) nurses to tell us 'what solution focus is good for'. We are indebted to those practitioners who shared their thoughts with us here, and to those who have shared their thought in video mode online at: http://www.solutionsinpractice.co.uk/solution-focus-what-is-it-good-for.

The quotes contained in this publication were collected as part of a larger research project published as: Smith, S. W. (2015) "BECOMING: an analysis of narratives describing the experiences of nurses who have undertaken training in solution focused brief therapy." [PhD Thesis] Available from OpenAIR@RGU. [online]. Available from: http://openair.rgu.ac.uk

Solution Focus: What is it good for …

‘I don’t have that sort of ‘heart-sink’ feeling about clients anymore. Now I view everyone coming along as having the potential to change. I’ve a more positive outlook to clients now. … I do struggle sometimes, though, with clients who don’t seem to want to change. One client; very chronic grief reaction, and I’ve been working with him for ages, and I’ve been using it with him. Initially it worked quite well, but over time, it became clearer that this man wasn’t at a stage where he actually wanted to change. So I asked him about it at the last session … and he said, “I’m content. I’m unhappy, but content.” So I went, “Right, okay!” I think part of solution therapy is asking “Do you want to change?”’

‘It used to be that we would identify what the problem was, and I would give solutions. Now I don’t give solutions. Sometimes it might take, say, two sessions for the client to arrive at the solution, but I’d rather take that time … because I’ve seen now the evidence base that they’re more likely to do it, than if I do it. It’s all very well me sitting going, “Well, have you tried this, this, this and this? Oh well.” … off they go and … maybe not do anything, whereas, as I say, if you leave it for a couple of sessions and they come up with, “What if I try that?” and you just get a different outcome.’

‘I don’t really know how effective I really was. When I think about the difference, even in the outcomes, I mean people still got better; but, I think now they’re more able to tell me how they’re better. I mean before, it was just a case of they’re better and away they go, that’s all; and I mean … that’s super. “Excellent; you’ve scored this, that’s a good score – you’re better!” Now it’s a case of “Well, how is it that you’re better, and what have you done that’s made you feel better?” We do that whole, “Why are you better?” so to keep it going. So I know more now, what it actually means for people to feel better. It’s not my definition of what their score should be. They tell me how they are better, what it means to be better, what better looks like.’

‘I liked how you could put it more … the kind of responsibility, or what the patient’s wanting rather than what you’re wanting them to do. They’re telling you what they’re wanting to do, what they want to happen, as part of the assessment rather than what I think they should be doing … or what level of functioning I think they should have.’

‘You could see lights going on in their eyes. “I’m responsible”, “I’m the one that can change”, and I think that’s why I like it so much, that they take on the responsibility of their conditions, and they learn from it, and move forward. It’s more of an approach, and it’s developed slightly to my style. Clients use the scaling questions; they go back to scaling all the time, or some of them will go back to the Miracle Question. They might talk about their Positive Future Scenario, rather than the Miracle Question; but they bring it up. They go away feeling empowered. I’ve got clients with Borderline Personality, they’re coming to me now saying, “I get this, it’s my responsibility, nothing’s going to change unless I change it.”’

‘Even before the course, I thought of myself as not being ‘someone who fixes things’. I’m listening to what the clients solutions are … their exceptions … the things you don’t hear if you don’t ask the question. And often the solution is so far out of the left field … I’d never think of it. It’s just about stepping back and saying, “They will find it”. Just give them space and a bit of encouragement.’

‘There were certain courses that I wouldn’t have applied for because I didn’t think they would fit well with me, or I wouldn’t have been interested. The thing that swung it for me with this course was because I knew it was a different way of communicating, and I felt I was a bit stuck … and I had felt that I wasn’t getting anywhere. That kind of, ‘wading through treacle’ … just being with people when they were miserable and … surely I’ve got to be able to do more than just be with people when they’re miserable.’

‘The medical model doesn’t sit well with me; but I don’t think I knew that until I started the solution focused stuff. I just thought, “This is what we’re supposed to do”, and I just thought “This is what we’re expected to carry out”; and y’know I didn’t realise I wasn’t happy with that. It was doing the course that made me question, “Is this working?”’

‘Maybe the SF people have got it right, that … that it’s a little change in the system and it’s a coping … it’s not a changing, it’s a coping with what can’t be changed. It was a different kind of change. The only thing that I seemed to be able to change … was coping strategies. So it was very personal … and I guess that may separate me from some of your other students; because I was looking for something. It wasn’t just a job; it was something for me … very much for me.’

‘I wouldn’t say before I did this course that I’d found something that really suited me as well. Y’know, the other course that I’ve done … yes; I could take elements from it, but there were probably elements that I thought, “I’m not keen on that, I don’t really like that part of it” or … whereas with this, because you can just use parts of it … it doesn’t have to be ‘you must get a formulation by session whatever’ … it’s not, kind of, as strict as that, it’s just there’s underlying principles that you follow and it’s just … then you can make it your own, sort of thing. I’ve found that very useful, and it suits me better than some of the other things I’ve done.’

‘At times, y’know, like in the first session, I would always use the solution focused assessment, usually, and whatever comes out of that … it might be that somebody’s asked for CBT, people do ask for CBT … it’s the buzz word that everybody knows about and that’s what a lot of people want; it’s what the GP’s want you to do … but even still, I would try and get in some solution focused, because of experience that I’ve had; that it helps. And if I’m sitting there doing CBT and I know that a SF question that I could ask might change this session, or move it around, then I’m going to do that.’

‘Although I don’t use the whole structure all the time, I use bits and bobs of it that are suitable for the individual client and the clients are responding well to it. It’s impacted on my personal life as well. I utilise it all the time with my kids and my parents. It just makes me more confident in any situation I suppose. I find it brilliant. I’m using it all the time. I use it in my private life as well and the kids work better with me now. So, I use it everywhere.’

‘We also do an advice clinic; we like to think of it as a mental health triage, if you like; it’s a half-hour appointment that we give anyone that accesses the service, because it’s self referral … so we thought, “Fantastic; we’ve got this SFT training, why don’t we use that while we’re running this advice clinic, and it’s been quite a … revelation … well for me! It’s something so easy to tap into, and works very well … and for that half-hour appointment, I would use that, I would say, for every advice clinic, every person that comes through the door. So it’s worked really, really well.’

‘It gives me more structure than I had before … I rarely feel out of my depth now … before, when I’d done the counselling skills course I quite often felt out of my depth at times. But I don’t get that so much now. The structure of an interview really helps … just to know what the next question is. I’m not so worried about difficult situations, about things I’ve not come across before. Before … I’d feel flummoxed, I’d be scared I’d missed something, y’know what I mean; but now I can use solution focused and I know what I’m doing with it.’

‘I saw how it worked, and I saw how the patient’s responded, and I suppose that made me thing, “Oh, this is amazing”, y’know – It Works! Which was the experience I didn’t have with CBT. It was like “Yeah, okay; I did it”, but it wasn’t like “Wow, these people are getting better … and it’s fantastic” … which is what I felt SFT was like. “Wow, I can do something here that’s really making a difference” or “the people here are doing something that’s really making a difference”.’

‘I left my last job; and I would say that it actually helped me to leave that job because I’d been wanting to do something else for a while, and the job that I’m in came up … and, I felt I had more to offer for this job now, because I had a, kind of, another sort of therapy course under my belt; something else that I could offer to patients … so I suppose it gave me the confidence to even apply for that job.’

‘I was looking for some form that I could work with, that the ‘higher-ups’ could see was research based, or a structure that I could work to, that they could understand. I didn’t expect it to have the impact that it has had at all, though. I mean, I was feeling I was a bit of a dinosaur in the service. All the youngsters coming through, knowing all about models and everything like that; I mean I hadn’t a clue what they were talking about half the time. Now I’ve got a structure. It allows my patients to be in power, instead of me. It helps them move forward with their lives; it’s given me the confidence to allow people to move forward.’

‘It’s definitely energised my approach. It’s given me a totally different way of thinking, a completely different mind-set. It’s allowed me just to … use the skills, in a positive way. Rather than, before I did this, it was so negative; and it’s really kind of questioned the way I did work before … so, I think this way now is definitely … I suppose if you were to look at our audits, everything like that, I can’t believe how different our service is, really; for the better.’

‘I think that, because obviously for me, the impact is because … it’s a very positive … my feelings that I get from it, it’s a very positive therapy. An energising therapy … and I kind of, in a way, keep topping myself up, keep myself fuelled up. Y’know, there’s almost a sense that it’s good for my wellbeing as well.’

‘I’m experimenting more. I mean, taking the break, that was a big thing for me; that’s something I thought I’d never do. So taking that sort of risk … I know that when I get to sessions, and put my lights on … there’s always a sort of …(deep breath)… but I can settle myself ‘cause I know that I know the framework. No matter what happens, y’know where you’re going … and if you just breath, the client will tell you where they need to go.’

‘I’ve been around a long time; I’ve just got my 25 years service, and there’s nothing I can say that made such a significant impact … and it did; in my own life and in my practice. And that’s why I’m here today; it’s stayed with me over three years and that’s …I just find that … there’s got to be something in it! That makes you think like that, because … as I say … I’ve never, and I’ve been on a few courses, and I’ve never felt like that.’

Conclusion

It can be seen that for many of the participant's solution focused interactions have enabled them to provide the type of co-operative, egalitarian and concordant care they had been unable to provide in their previous practice. Many of these participants found their previous practice largely ineffective in helping patients achieve their goals, lacking in a coherent framework, disempowering to patients, and it didn't fit with their personal and professional world view. This last point resulted in many of them feeling jaded, lacking enthusiasm and dissatisfied with professional identity, for some this sense was so all pervading that they only became aware of it once they had experienced the renewed enthusiasm and satisfaction that they found in SF practice. They also found their practice had become much more successful in terms of actually helping patients. Perhaps of greatest significance from the practitioner's point of view, a Solution Focus enabled them to deliver an alternative model of care in which they became successful, engaged practitioners reflecting the highest standards of contemporary mental health policy and legislation.

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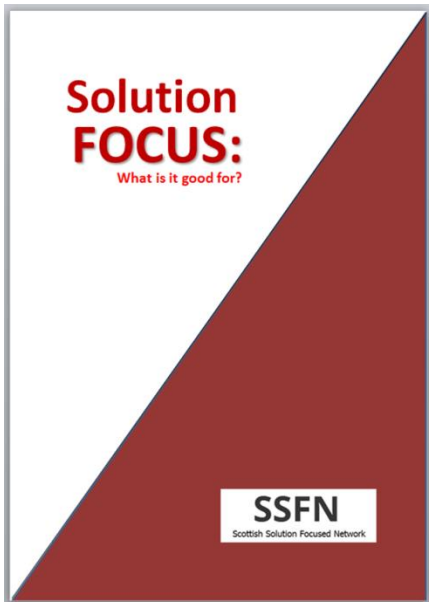
Graham Buchanan is the founding manager of the Playfield Institute at Stratheden Hospital, Cupar, Fife. With his colleague Dr Wendy Simpson, he established the Playfield Institute as a mental health resource for anyone working with or caring for children and young people. Graham trained as a Mental Health Nurse in Glasgow's Gartnavel Royal Hospital before becoming a child and family therapist in NHS Fife in 1986. Graham's interest in Solution Focused Brief Therapy dates back to the early 1990's when he was studying Systemic Family Therapy in Newcastle. Since then he has practiced extensively in a variety of roles including Child and Adolescent Mental Health Services, and as an individual counsellor in NHS Fife's Counselling Service.



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By Steve Smith and Graham Buchanan

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