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Confessions of an unashamed Solution-Focused purist: What is (and isn't) Solution-Focused?

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Solution-Focused Brief Therapy claims to be a (conceptually) simple approach; however, attempts to define the approach are not simple. This paper suggests that, with the rise of “strengths-based” and resilience approaches, it has been easy for the definition of Solution-Focused Brief Therapy to become diluted or broadened almost to the point of meaninglessness. The paper explores some of the issues in constructing a definition of the approach and suggests some necessary characteristics.

People often say to me, in reference to the positive attributes of some particular program or idea, “and ... this is a REALLY Solution-Focused program!” They, then, often appear a little disappointed when I do not seem to share their enthusiasm. Almost without question, the particular program or idea is one that I would happily support and gladly recommend ... HOWEVER, very often, my view is that it is NOT Solution-Focused.

So, what makes something “Solution-Focused”?

Solution-Focused is not primarily about solutions

There is a problem with the word “Solution” in the name of our approach. In most languages, the word “solution” implies the word “problem”. That is, a solution is a solution to a problem. Without a problem, there isn't a solution. That's how it works in mathematics!

1. I am grateful to Mark McKergow and Evan George for their comments on earlier drafts of this manuscript.

I consulted my doctor about a particular health problem. He told me that, “the main cause is being over 50”. Not much we can do about that! He went on to say, “But, let’s not focus on what might have caused it ... we can’t solve that ... let’s focus on what we need to do, instead”. He then went on to tell me all the things I needed to do in order to “solve” this particular problem (or ... at least ... manage it). This included my taking certain medication that he prescribed.

My accountant is called Sydney Financial Solutions. The firm’s focus is on how to maximise income, or reduce tax, or some other goal that always seems to elude me. To that end, they proffer advice and expertise. If I pose a particular financial problem, they will faithfully take it upon themselves to find a solution. They research the tax laws, they draw on their experience and wisdom, and they tell me in great detail what I need to do.

In both cases, if I do what my expert advisers tell me I should do, my particular dilemma will probably be solved ... and I will probably be happy. In both cases, I have the problem ... and THEY tell me the solution. Both my doctor and my accountant will probably tell me that they focus on solutions, rather than on problems.

Focusing on solutions fits well with modern ideas about “getting on with it”, “moving forward”, “not getting bogged down with the past”, “looking forwards, not backwards” ... these are common injunctions in today’s self-improvement lexicon.

“Solutions” has become a buzz-word.

I have had people say to me, “I’m solution-focused ... I don’t bother with all this childhood stuff, I just tell you what the solution is!”. In terms of language, that is perfectly reasonable. The person is focused on the solution rather than on the problem. However, most Solution-Focused therapists would not class an approach where “I just tell you what the solution is!” as fitting with our understanding of Solution-Focused.

I’ve had other people say to me, in meetings, “Let’s be Solution-Focused ... let’s brainstorm what we are going to DO”. The implication here is that, by focusing on what we are going to do rather than on analysing the problem, somehow we are being “Solution-Focused”. However, that doesn’t fit with my understanding of what constitutes Solution-Focused.

An early “definition” of Solution-Focused

In 1997, de Shazer and Berg proposed a “definition” of Solution-Focused Brief Therapy and suggested four “characteristic features” of the approach.

(1) At some point in the first interview, the therapist will ask the ‘Miracle Question’.

- (2) At least once during the first interview and at subsequent ones, the client will be asked to rate something on a scale of '0 →10' or '1 →10'.
- (3) At some point during the interview, the therapist will take a break.
- (4) After this intermission, the therapist will give the client some compliments which will sometimes (frequently) be followed by a suggestion or homework task (frequently called an 'experiment').

(de Shazer & Berg, 1997, p. 123)

Further, they suggest:

Once a naive observer is given a description of these four characteristics, their presence or absence can be easily noted. If any or all are missing, then ... we have to conclude that the therapist is not practising SFBT" (p. 123).

Thus, their definition was based solely on the presence or absence of particular techniques. de Shazer and Berg are clear that this is a "research definition" of SFBT and that clinical work may be more flexible and still be regarded as SFBT, nonetheless their message is clear.

However, we immediately have a problem. Anecdotal experience suggests that many therapists who describe themselves as Solution-Focused do not routinely take a break (Huber & Durrant, 2014). Iveson, George and Ratner — the team at BRIEF in London — say that they deliberately do not take a break or give an end-of-session suggestion and that they do not routinely ask the miracle question (Shennan & Iveson, 2012). They would be described by many people in the Solution-Focused world as being thoroughly Solution-Focused; yet, most of their work does not include three of de Shazer and Berg's four characteristics. Does this tell us more about the nature of the work at BRIEF, or more about the usefulness of a definition that is based solely on the presence or absence of particular techniques, particularly if we acknowledge that therapeutic models develop and that Solution-Focused Brief Therapy has itself been described as an "evolving approach" (Trepper, Dolan, McCollum & Nelson, 2006)?

The research definition of SFBT adopted by the European Brief Therapy Association (Beyebach, 2000) specifies that the therapist MAY take a break but still includes the miracle question and end-of-session compliments as among the "minimal requirements" that must be present. Thus, this definition is a little less restrictive; however, it still defines the approach by reference to the presence of particular techniques.

McKergow and Korman (2009) comment,

Much of the existing literature on SFBT has, understandably, focused on descriptions of what Solution-Focused therapists do [and] on the techniques they use ... (p. 35).

de Shazer (1991) famously asserted that the Solution-Focused therapist's task is to "stay on the surface" rather than "dig" for hypothesized deeper meanings. McKergow and Korman (2009), while agreeing with de Shazer's assertion, admit that talking about Solution-Focused Brief Therapy solely in terms of what therapists do has contributed to some other commentators seeing the approach as simplistic or naïve.

Miller and de Shazer (2000) acknowledged going further than just a focus on what therapists do,

The distinctiveness of Solution-Focused therapy involves both the practical strategies that Solution-Focused therapists use in interacting with clients and the intellectual traditions they draw upon in orienting to personal troubles and change in therapy. (p. 5).

and describe their work as emphasising "both the practical and intellectual aspects".

Therefore, I will not reject the claim that something is Solution-Focused solely on the basis of which particular Solution-Focused techniques are (or are not) present!

So ... anything goes?

Nonetheless, I do not believe that this means that anything that claims to be Solution-Focused should be allowed to adopt this label.

Following the deaths of both de Shazer and Berg, there was a sense, in some quarters, of "phew ... now we can relax the tightness of the definition".

McKergow (2016) points out that some people assert that "if it helps the client, it must be Solution-Focused". He suggests that such a broad definition ends up not being helpful. Bannink suggests that SFBT should be seen as a form of Cognitive-Behavioural Therapy (CBT). I do not see the point of this assertion. While there might sometimes be some similarities in what the therapist does, the fundamental assumptions of SFBT and CBT are fundamentally in conflict. (Johnsen, 2014). McKergow calls this description of SFBT as a form of CBT "bizarre" (McKergow, 2016). Further, it raises the question of whether or not it is actually helpful to diminish the distinctions between approaches.

Following McKergow's (2016) observation, I suggest that "if it helps the client, it must be Solution-Focused" is NOT helpful in clarifying what it is we think we do. If I claim to be a Cognitive Behavioural therapist, I presume that it is helpful to be clear about what I do, and about what it is I do that makes it "Cognitive Behavioural" and not something else (even if that something else is actually helpful). Indeed, Gaudiano (2008) specifies as characteristics of CBT its "manualised approach" and the fact that the approach has been "codified".

Part of the rationale behind the launch of the *Journal of Solution-Focused Brief Therapy* was that an academic-standard journal could (and should) begin to decide that certain contributions were — or were not — considered Solution-Focused ... even if they were still intellectually, clinically and practically worthwhile.

So ... it doesn't mean (in my world) that anything you claim to be Solution-Focused should be regarded that way.

What Solution-Focused is NOT

McKergow and Korman (2009) have bravely sought to suggest what Solution-Focused is NOT. They conclude,

Our view of SFBT is that solution-focused therapists do not use nor draw upon most of psychological theory that is taken for granted by other therapeutic traditions. (p. 35)

They comment that the history of the development of SFBT has been a history of the application of Ockham's Razor and that the Solution-Focused literature has always striven to make the description of what we do as simple as possible.

SFBT can be viewed as a form of practice that helps clients simplify their lives. It does this by simplifying how therapists and clients talk together about life, and by helping clients focus on and attend to what they say is important and helpful to them. (p. 38).

Thus, one of the things they suggest that SFBT does NOT do is appeal to any hypothesized, internal psychological mechanisms or entities. Among the list of "hypothesized, internal mechanisms" they cite, are included not only "personality traits", "attitudes" and "weaknesses" but also "strengths" and (by implication) "resilience".

They make it clear that Solution-Focused therapists might choose to talk to clients about such things as "strengths"; however, they suggest that SFBT

does not think of “strengths” or “resilience” as things that must be changed, developed, nurtured or strengthened. They suggest that thinking our role is to change, nurture, build or develop “strengths” or “resilience”

... leads us immediately into doing something in therapy that is not Solution-Focus. This sets SFBT apart from other models. (p.40)

McKergow and Korman are clear that some of these other ways of thinking may well be helpful, and might be encouraged ... however, in the interests of clarity, they ought not be described as “Solution-Focused”.

How does a Solution-Focused approach fit with the Strengths Approach?

The Strengths Approach (Rapp, 1998), or the Strengths Perspective (Saleebey, 1992), has been an important shift in the way we think about our work in the human services field. Indeed, the term “strengths-based” is almost ubiquitous in the self-description of every non-government child and family welfare agency in Australia and New Zealand! The way that many of the staff from these agencies talk suggests that the Strengths Approach and the Solution-Focused approach are one and the same thing.

Probably the two organisations in Australia most publicly associated with the Strengths Approach have been St Luke’s Family Services in Bendigo, VIC and The Family Action Centre at the University of Newcastle, NSW (who organised the pivotal Australian Family Strengths conferences in the last decade).

Graeme Stuart, from the Family Action Centre, says,

The strengths perspective and strengths-based approaches offer service providers ways of working that focus on strengths, abilities and potential rather than problems, deficits and pathologies. (Stuart, 2012).

Saleebey, one of the founders of the Strengths Approach, (1992, p15) suggests that a Strengths Approach is not a model of practice but rather a “collation of principles, ideas and techniques”. Rather than being a service delivery model, the ‘strengths approach’ is a framework or set of beliefs and values that guide practice. McCashen (2005) defines the Strengths Approach as an alternative “approach to people that is primarily dependent upon positive attitudes about people’s dignity, capacities, rights, uniqueness and commonalities”. (p. v)

Thus, I would argue that the Strengths Approach is a “stance” or “position” we take rather than a model of practice or a consistent “map” that may guide our work with clients.

Silberberg (2001) cautions against a “strengths-based” approach becoming an approach which identifies the qualities of “strong” families and then prescribes them ... or “coaches” families that are seen as deficient in any particular strengths. “Rather than teaching families a set of strength practices, our task is to facilitate families in the process of identifying their own strengths.” (Silberberg, 2001, p. 55).

This is similar to the emphasis in the La Cima Middle School Resilience Project (Oddone, 2002) — a project that saw a 90% reduction in drug and alcohol problems, and violence problems, in a large school, plus a significant increase in academic performance, over five years of applying “resilience thinking”. The emphasis at La Cima was training teachers to ask, “What is the particular way that this student shows resilience?” rather than, “Is this student resilient?” That is, the project began from an assumption that all students are resilient — and staff need to identify the particular ways in which this is shown. This is in marked contrast to an approach that asks, “How resilient is this student?” (or, “IS this student resilient?”) — then the task is to promote or increase resilience.

Iveson (2008) suggests the problem with focusing on strengths (quite apart from them being the reification of very abstract concepts). He suggests that, as soon as we focus on a particular strength — “I had a lot of will-power”, “I was very brave”, etc. — and on harnessing that strength, we potentially diminish the significance of the times when that strength did not seem there, but nonetheless the person was able to be successful.

Thus, he suggests that Solution-Focused Brief Therapy more usefully focuses on “what did you DO to cope/succeed/get through this?”, rather than “what does this tell us about your strength?”. He contrasts a detailed description of successful action with an identification of an hypothesised entity (“strength”).

For example (Evan George, personal communication, 18/8/2016),

Therapist: What did it take to do that?

Client: I guess it took a lot of willpower.

Therapist: And what did you see yourself doing, as you tackled that situation, that flowed from that willpower [strength]?

[Response with lots of detail]

Therapist: Tell me about a time that you managed to act that way even though you weren’t feeling that willpower within you.

Further, much of the seminal literature about the Strengths Approach does not nominate a particular therapeutic model. Indeed, I would suggest that

you could adopt a Strengths Perspective and then pursue Solution-Focused Brief Therapy, Narrative Therapy, Appreciative Inquiry, or other approaches.

In the early days of St Luke's exploring a family strengths approach, they had comprehensive training in Solution-Focused Brief Therapy (disclaimer: it was my privilege to conduct this training). Thus, their development of a strengths approach and of Solution-Focused Brief Therapy were intermingled.

McCashen proposes the five-step "Column Approach" to working with clients. He suggests that, "The steps act as a guide for using the Strengths Approach to an issue" (2005, p. 48).

His first two steps are,

1. Outlining the issues (or stories) from the perspectives of all involved, i.e. the child, family, teacher/school and protection agency
2. Creating a picture of the future or visioning what would be a good outcome to the issue

A "purist" Solution-Focused practitioner would argue that Step 1 is NOT essential and, indeed, might not be necessary at all. Step 2 is straight from the Solution-Focused lexicon; however, a number of "strengths" approaches are not primarily driven by a future or outcome focus.

Thus, I would suggest that McCashen has detailed one manifestation of a strengths approach but that he has combined the strengths approach and the Solution-Focused approach in ways that none of the foundational strengths writers have done.

Russel Deal, a key person in the development of Strengths-based work at St Luke's, comments, "when Wayne wrote *The Strengths Approach*, we were unaware of Saleebey's work. It remains a huge oversight" (personal communication, 22/8/2016).

So ... what IS Solution-Focused?

Evan George, from BRIEF in London, distinguishes between "SF" and "sf". He says,

The work can only be SF when it is based on the client's answer to the 'Best Hopes' question. Most people of course are sf, using lots of the techniques but for whatever reason (and there are good ones), determining the direction of the work themselves. (Personal communication, 18/8/2016).

“Best hopes” is BRIEF’s version of the “how will you know that talking to me has been useful for you?” — a question that immediately orients the therapy/coaching interview to the desired OUTCOME (Korman, 2004).

I have heard some colleagues say, “I am client-focused ... I always begin by asking the client what she/he thinks it would be helpful for us to talk about”. I would suggest that this is NOT being “client focused” ... it is really about being [therapy] session-focused. It is asking “what should we talk about here” rather than asking “how would you like your life to be different when you leave here?”

Thus, George suggests that our conversation is only Solution-Focused if it begins by exploring how the client wants things to be different.

So, I would suggest that our work is “Solution-Focused” if (and only if);

1. It begins with some version of “How will you know that our talking has been useful?” or “How are you hoping that our talking together will make a difference in your life [work, marriage, etc.]?”
2. It is essentially future-focused (Miracle Question or some other question that builds a detailed description of the client’s preferred future).
3. It explores when the client has already been able to achieve aspects of the preferred future.
4. It does not assume that the therapist knows what the client needs to do (to solve their problem, to build resilience, to harness their strengths, etc.).

These steps might not necessarily be in this order.

Other things might well be helpful ... and I might endorse them ... but I do not regard them as “Solution-Focused”.

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