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*ARTICLE***Debunking the Stigma: Solution Focused Brief Therapy with African American Couples: A Case Study**

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Abstract

Solution Focused Brief Therapy (SFBT) allows both therapist and clients to place emphasis on future goals and changing the stigmatic perception for seeking mental help without attention to the conflict. SFBT is a culturally appropriate model that can be used with African American couples. This paper provides a case study of working with an African American couple and the important considerations taken.

Keywords: solution focused therapy, African American couples

Case Description

The following case study is based on a variety of many cases seen and has been fictionalized with no identifying information to protect confidentiality. The case scenario is fully made up by the first author and is solely for the purposes of showcasing Solution Focused Brief Therapy (SFBT) with this specific population. Clara (52) and Phillip (56) have been married for 20 years and have three grown sons ages (29), (25), and (22) who live outside of the home. They are a middle class African American couple who have been experiencing marital conflict for the past over five years. The topic of separation has come up over the years but neither partner has acted on it. Clara presents during the intake session by herself with hopes of individual help and the possibility of her husband joining later. She expresses feelings of burnout due to her occupation as a nurse during the COVID-19 Pandemic and then tension after work once she gets home. Clara reports minimal conversation in the household with her husband because they both become defensive and guarded during dialogue. She states that she shares and confides her life issues with her adult children because they offer her companionship. She also seeks revelations in her faith as a Christian. Her goal for therapy is to increase intimacy and happiness in her marriage.

As the second session presents Clara is accompanied by Phillip who appears apprehensive about disclosing information. His body language can be described as fidgety. Every time Clara speaks, he rolls his eyes or emphasizes that he is “lashing out” as she says it is a reaction to him being irritated by something she says or does. He states that he checked out on putting effort into the marriage years ago once the children left the house because they lacked doing things as a couple and were more so just parents. Clara appeared saddened by this revelation.

Case Conceptualization

Clara presents in a calm manner. She has a determined look on her face and is sure in her approach to therapy. No evidence of generalized anxiety symptoms noted yet Phillip is observed fidgety as well as anxious of the process prior to the session beginning. Although Phillip was not present for the first session, his mannerisms are not as relaxed as Clara's. Both clients are concerned about where they stand as a couple. In the first session, Clara mentioned the possibility of individual therapy as well. She is stressed and tired from her position as a nurse during the COVID-19 Pandemic. Her

feelings of tiredness can be contributing to her lackluster marriage, yet she mentioned disconnection for over 10 years, neither has initiated the step. A major choice is whether to stress problem definition (that is, turning complaints into problems) or constructing solutions to whatever problems clients might have (be they defined or undefined). Solution-focused therapists prefer to construct solutions and not define problems (Connie, 2012; Miller, 1997). When focused on the new outcome of change, the route is fast paced if they put attention on solution rather than the problem or conflict (Weiner-Davis, 1992), hence a benefit of using SFBT for this couple.

Their biggest disconnect is tied into their lack of communication. Both clients address each other using communication styles that differ from what they need so there is no healthy dialogue present within the marriage. They fear being misunderstood or coming across inappropriately, so they rather not address each other at all. SFBT techniques promote Problem-Free Talk as the client speaks freely while being able to vent about the problem and feel validated from the therapist. The idea of problem-free talk is often missed but is an important part of SFT because it is a useful technique for eliciting resources (Connie, 2012; Metcalf, 2019). In terms of Problem-Free Talk, there is a pattern in place of harmful and defensive behavior which causes each other not to feel safe when confiding. The SFBT noted issues with boundaries as Clara confides in their grown children who can cause disruption and bias emotions toward their father. The misplaced companionship that they provide can disturb proper family dynamics. Phillip uses his apprehension and guarded behavior as his maladaptive patterns. He is honest about checking out on the marriage which creates an opportunity for solution building. There is an irritation with his wife that is worth exploring yet it may cause more harm than good by focusing on present conflicts. However, the psychological factors of resentment shown from Phillip makes the prognosis of regaining intimacy within the relationship poor if effort remains one sided.

Case Application/Treatment Plan

Affirmative feedback is important when using SFBT because trust is established through constructive criticism. Feedback provided to clients is positive while aiding to expand their current perspectives outside of their own view. Therapists often offer compliments at the end of a session because they are unconditional without wanting anything in return. The clients remain as the leaders and are not forced to take the opinion or view of the therapist. Mullet et al. (2018) offered specific tools for helping professionals to empower their clients and families by magnifying individual and collective strengths. With that in mind, the compliments make the experience authentic and normal to the client's problem as they are able to come up with their own solution. Metcalf (2019) provides a five-step procedure for giving compliments. The first step is to give a normalizing statement like saying "It makes sense to me that you are concerned about your children after the divorce." The next step is to give a reconstructing statement such as "I wonder what your kids would say that you have done recently that has been helpful to them during this time?" The therapist next affirms the client's competence and strengths by asking "When you think about how you have handled other situations revolving around the divorce, what would you say your strengths have been?" This can help generate a solution. The next step is making a bridging statement by connecting what was discussed during the session and the next steps suggested. A bridging statement such as "based on what you have told me so far, that you have taken off early from work to be with your kids, helped them to call their father at night before bedtime and talked to a colleague for support, what would you suggest doing more of for just the next week?" The final step may be giving the client a homework assignment based on the suggestion that the client made. This final step is not used as often in order to prevent the therapist from prescribing a solution (Metcalf, 2019). These compliments can be unique in helping clients to figure out their own solutions.

Usage of the miracle question would be beneficial in the treatment plan because it helps the couple to move on. Developing the miracle question as an intervention allows the client to pinpoint how much of significance the problem plays in their lives. To look for exceptions, the clients may be asked questions like; "Is there a time where the problem wasn't quite as bad?" These types of questions are asked to identify some resources that the client has in order to be able to cope with the problem (Mullet et al., 2018). In particular, one approach that shows potential is to examine how focusing on strengths and solutions may increase positive emotions affecting a client's ability to discover new ways to resolve presenting problems (Kim & Franklin, 2015). This tool can be valued because it gives the client hope that their circumstances will get better and imagines their lives in a new light. In the case of the clients being religious, addressing miracles occurring leaves remnants of a divine intervention of change which allows connection to their faith.

The goal of therapy is to reintroduce the partners as individuals to reconnect them as a couple. Unlike traditional problem-driven approaches, SFBT helps clients recognize their internal resources, identify personal strengths, and build on what is already working for them (de Shazer et al., 1986; de Shazer & Berg, 1997; PESI, 2021). Both Phillip and Clara are present and want change. To continue to work towards change, they must focus on what their future can be. The hope for the future relationship is happiness, yet begins within them first. They must reacquaint themselves with reasons as to why they fell in love and started a family outside of being parents. Homework assignments are also practical for this treatment plan such as date nights consisting of “get to know you” games to raise levels of intimacy and awareness of what each partner needs and craves. Short term goals involve one date night of the couples choosing every other week, allowing each spouse to take turns picking the option. The rationale behind this is to create fun, carefree new moments in the relationship while doing something that the other enjoys. The therapist would hope to see body language gradually change as the session progresses.

Implications for Family Therapy: Cultural Values and Cultural Humility in Treatment

Values are defined as one’s principles that guide their behavior as well as influence their morals. Counselors who are a part of marginalized groups must understand how they are themselves impacted by racial microaggressions and discrimination. There are times within the counseling relationship where the therapist doesn’t necessarily have to push their values aside but be understanding of what the client wants and that it might not be consistent with the therapist.

It can be inferred that having empathic understanding in approaching a situation with the mindset of “what if it were me”, is important when being culturally aware. In that case, what kind of compassion would one want to be extended to the clients? It wouldn’t be said that this perspective is different from any other cultural background, but in the African American population, the skill set that a therapist possesses is vital (Ivey et al., 2016). Older generations are noted as judgmental while viewing others as judgmental. They are perceived as “very old school” and “stuck in their ways”, as far as perception of their own problems in relationship to seeking help, in particular the African American male (Watkins & Kurtz, 2001). A Solution Focused Brief Therapist (SFBT) is beneficial in providing unconditional positive regard to the client, like any other therapist, however, SFBT therapists create new perceptions instead of focusing on the old. This happens by educating clients on their own understanding of mental health as well as realizing that their behavior is indeed influenced by their cultural background and how they were raised. SF allows therapists to be culturally competent and honor the client, even when opposing values exist in the therapy room.

It is important to note that SFBT is very diverse (Mo-Yee, 1997). Focusing on the solution-based healing of therapy can be used across the age spectrum. Futuristic goals will become a reality when focused on looking ahead and not in the past. For example, in working with transgender clients, focusing on their preferred future is more useful than identifying problems they face. The same concepts can be noted for statuses of poverty or wealth, social justice changes as a nation, and even observing religious scrutiny, hypocrisy, and spirituality differences as the solution. One can also see this theory being implemented in trauma cases such as an abuse or for rape survivors. When reliving the trauma as the problem, it may be too much for the client to do. However, focusing on how to move forward can be reassuring hope. Even while counseling individuals with a substance abuse problem, hope of recovery is always a possibility, a solution rather.

SFBT can also be used for families who have a member struggling with addiction as well. Mullet et al. (2018) provides a case study of how solution-focused therapy would be applied to a family with a member struggling with substance use disorders (SUDs). Zetloukal et al. (2020) state that SFBT has been studied in many contexts as well as in therapeutic work with lots of children who have faced diverse problems. The family receiving the solution-focused therapy consisted of David and Emma who had a daughter named Jodi and a son named Brady, who was the one struggling with SUD. Both David and Emma wanted brady to stop using. Jodi did not seem interested in being at therapy and instead preferred to be at home. Brady just wanted a normal life. When the therapist asked Brady what that would look like, Brady said he would not be asked by his parents whether he was sober or not. When Jodi was asked about how the therapy would be beneficial, Jodi responded by stating that she would be respected more by her parents. David and Emma wanted to work together as a team in order to get through this time. Mullet et al. (2018) talk about the importance of including all the family members in therapy, because when all the family members are on the same page regarding the preferred future, the therapist can encourage additional solutions to the family. In this case, a common goal for this family was determined. The common goal was to be able to work together and respect each other more.

The therapist then asked a future-orientated question, “What would it look like for each of the family members if they were able to work as a team and respect each other?”. Brady said that being respected by living his life would be a positive sign. Brady also wanted his sister to be on his side and just spend some time with him, instead of trying to tell on him for using drugs. David responded that Jodi would be able to open up to her parents more. Emma was then asked a scaling question about where her family was regarding achieving their goal. Emma answered a 5 out of 10. The therapist then asked Emma what they were doing well that contributed to them being at a 5. Emma said that they were starting to include Jodi more in their conversations. Just the fact that this family went to therapy gets them closer to their goal because they are talking about a solution to the problem. The rest of the family would also talk about what would have to happen in order to move up the scale. The therapist began to give compliments to the family on how they were able to come up with a common goal and how they individually contributed to the therapy.

When noting different theoretical techniques as a therapist, it is crucial to observe what is culturally acceptable to your clients (Tadros & Owens, 2021). In terms of African American clients, a therapist will not be successful if there is no recognition of the stigma associated with seeking help for mental health issues. When a clinician is working with African American clients, there is a greater need to incorporate cultural understandings with therapeutic approaches that will allow them to feel encouraged, supported, and ultimately understood. Building rapport in the therapeutic relationship aims at establishing trust for the clients. Sessions will flow freely once the client can determine they are in a safe space and free of judgment zone. Tone and body language are not just important to note from the therapist perspective, but of the client as well (Bigler, 2014).

Coming into the second session, Phillip’s body language and tone is hesitant to the process, and he notes irritation speaking on their current issues. However, if the therapist presents possibilities of a progress and solution using SFT, there may be avenues to success as he sees an outcome different from his current reality (Bigler, 2014). An African American male is more likely to be apprehensive of the process of therapy and reluctant to share in fear of his personal “business” being a focal point in the community or anxiety regarding feelings of being less of a man. This concept can be a residual stress from societal upbringings or a generational curse that is absorbed from the lack of mental health awareness within the community. Solution Focused Therapy aides in the acceptance of mental health for the African American community because it takes away the stigma of focusing or dwelling in the past. The disconnect is associated with the fear of judgment or how others will perceive them. In this case, both Phillip and Clara took the necessary step to help their marriage by seeking counseling. In the end, it does not matter if societal views played a role in their viewpoint of seeking help because it is the notion of their marriage being their own.

Further, critiques of the miracle question intervention center around the cultural appropriateness of using the word miracle. Research suggests that the miracle question should be adapted to clients whose worldview rejects the idea of miracles (Kayrouz & Hansen, 2020). The therapeutic alliance is jeopardized when therapists are unable to reconstruct the miracle question in culturally acceptable terms. Some researchers have expressed concerns about its cultural relevance in two areas: regard for emotion and the use of the miracle question. With its concentration on solutions, does SFT consider the emotional state of clients? An article by Kim and Franklin (2015) argues that reinforcement of positive emotions plays a critical role in the change process. Research shows that clients with mild to moderate depression are helped when SFBT is the treatment modality (Metcalf, 2019), an indication of addressing the emotional needs of clients. Researchers found the miracle question could be used if substituted with words and phrases such as “dream”, “magic wand”, “click my fingers”, “fresh start”, and “at your best” (Kayrouz & Hansen, 2020, p. 231).

Stigma Related to Racial Oppression

The stigma placed on African Americans seeking mental health not only culturally present, it exists racially as well. There is a disconnect between the African American community and healthcare due to a lack of trust deriving from an oppressive history. Historical racism in the US government and healthcare causes Black people to be guarded and mistrust the process of services still to date (Sawyer et al., 2012). Racial microaggressions and discrimination on communities of color has left residual trauma for generations to come (Tadros et al., 2021). However, younger generations are providing education to break that cultural barrier of racially targeted healthcare disparities.

The term “millennial” is used to describe the generation of people born between the years of 1981-1995. They are a generation influenced by technological advances and can be described as confident, ambitious, and achievement oriented (Bigler, 2014). They are outspoken and risk takers and are not afraid to question behavior and lifestyles of the

generations that have come before them. In previous generations, mental anguish such as depression or anxiety was released through prayer to God. The church's influence on mental health was so prevalent that seeking help from an outside source was unheard of (Fredrick, 2008). Yet their faith is something that has provided hope and consistency throughout generations when the world seemed to fail them. Incorporating the miracle question in an African American Christian culture places emphasis on hope and progress for the future. It gives autonomy over one's own decisions and creates a wish list for the future (Fredrick, 2008).

A benefit of Solution-Focused therapy as it relates to racial disparities is that it does not negate historical triggers and mistrust nor does it dwell on them. There is a notion in the African American community that one must strive to be better than other communities of people due to racial oppression in the country. One cannot surrender themselves both physically and mentally to their society if they do not understand who they truly are as a person. The realization of self-definition must come from letting go of the oppression that a heteronormativity society has placed on the African-descended person (Bigler, 2014). This liberation comes from these individuals demanding power over her own life.

In SFBT, there is a sense of responsibility to not repeat the past, in doing so the concentration is on conquering the present. This does not mean that injustices and oppression are obsolete, but change cannot exist without moving forward. The SFBT therapist understands that culturally there are barriers in place to treatment yet the individuals themselves are determined to evolve and can be helped as such. As sessions progress, clients create a clearer picture of how they see the future. It comes from the concept that problems are persuasive and not permanent, noted by the therapist using future-oriented questions (Fredrick, 2008). Traditionally in SFBT the problem is not present in all aspects of the client's life making concentration on solutions more realistic and achievable. However, for the African American community, racial oppression is noted throughout society including in the workplace, social settings, educational opportunities, as well as in healthcare (Ivey et. al, 2016).

It is important for the SFBT therapist to focus on the client's view of change while collaborating on creating goals for their future (Kayrouz & Hansen, 2020). When using different techniques for clients it is important to observe that everything does not work for every client. Stepping away from an evidence-based theory and focusing more on the client's individual need for healing creates a more culturally competent therapist. The strength-based approach of SFT uses the term resilience to define coping in the face of adversity and creating positive functioning (Padesky & Mooney, 2012). Drawing on individual strengths is extremely important to the concept of your problems not being identifying characteristics of difficulty one faces, which in turn focuses on solutions to these issues (Tadros et al., 2021).

Barriers to Treatment

Many of the discrepancies that existed for previous generations are still present today. These issues are not limited to problems within African American families but in society as well. For example, the African American population has historically been heavily affected by policies within the criminal justice system (Tadros & Owens, 2021). Reducing the stigma of mental health and difficult discussions about race are essential (Tadros et al., 2022). Change and progression cannot exist without awareness. Awareness is noting that cycles of oppression are constantly being repeated because there is no healing or growth within the community. In the African American community, the idea of seeking mental health has been frowned upon in previous generations. "What happens in this house stays in this house" is a concept that has continued generational curses because there are certain issues that need to be addressed outside of the family (Bounds et al., 2018). They internally battle depression, anxiety, and suicidal ideation because they were taught not to share issues outside of the family, yet family lacks the knowledge to support through it.

The stigmas associated with seeking mental health guidance has a very limiting cultural acceptance due to the perception of being "crazy" or "broken" for needing help. Although both spouses presented to the session, it can be noted Phillip is currently visiting therapy while Clara is a customer. Initially, it is believed that Emotionally Focused Therapy would be appropriate for this case seeing as Clara is pursuing a change within the marriage and Phillip has withdrawn from change. However, focusing on the root of the problem and harboring emotions may cause thoughts of resentment and hinder the couple from moving forward to solution and change.

Harboring emotions may result in a buildup of unhealthy energy which can lead to detrimental and ineffective communication once finally addressed. It is essential to focus on the positive behaviors and emotions associated with changes so that the couple will focus on a new way of dealing with conflict and resolving problems rather than keeping it in (Kim & Franklin, 2015).

Future Directions: Hope for New Generations

In terms of future success, the goal for this couple is continuously focusing on the solution to their problem rather than the problem itself. Not only are African Americans facing different struggles within their homes, but oppression from society will forever be present. Stressors' existing within the African American home have had residual effects left throughout generations. The perception from a psychodynamic viewpoint is familiar with breaking generational curses. If the issues in the family are transgenerational, then the old patterns repeat themselves and each generation decides to respond to it in their own ways, but one has to understand the past to get to the present. The concern is that these problems are staying in the home and inside the family when the family is contributing to the problem rather than healing with professional help. The difference from the past and now are the coping mechanisms that are in place.

Stressors such as financial issues, oppression in the workplace or even the recurring issues of police brutality leaves a detrimental imprint within a person. The difference from the past and now are the coping mechanisms that are in place, for example seeking mental help. The couple must both commit to relearning each other outside of parenthood. This includes but is not limited to date night assignments, everyday conversation about their day to day lives as well as exploring each other's love languages. These exercises are centered on moving forward and not dulling in the past. When one person in a family begins to take on problematic behavior, it is more helpful to discuss with that person and other family members about times when the problematic behavior did not exist (Metcalf, 2019). Over the years the couple lost direction from their multiple roles outside of each other. They are both parents as well as having full time jobs to attend to. The relationship was no longer being watered and nurtured, so it was not able to grow.

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