

Solution-Focused Counseling: How to use questions and strengths to create lasting change

PRESENTATION FOR CSULB

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Tell me, and I'll forget
Show me, and I may not remember
Involve me, and I will understand

NATIVE AMERICAN SAYING

(STEP TO THE LINE ACTIVITY)

Where do we begin?

- First, consider how you think change occurs
- If you want to....
 - lose 10 pounds,
 - change a relationship with a sibling
 - quit a bad habit
 - stop complaining

What doesn't work

- Most of us have logged some failed attempts...we may know how change doesn't occur

- Lectures
- "shoulds"
- Threatening



- These approaches don't work any better with kids... but that hasn't stopped us

How many of you quit smoking at
some point in your life even if it was a
long time ago?

**OR QUIT SOME OTHER HABIT
YOU WANTED TO DISCARD?**



From a problem-based approach....

- When did you first start smoking?
- How long did you smoke?
- How much?
- How many times have you tried to quit?
- What health problems has this caused for you?
- How has this impacted your relationships?

About quitting something from a SFBT perspective...

- *How did you do it?*
- *Compared to all the times in the past that you thought of quitting and wanted to but didn't, how did you make it happen this time?*
- *What helped you stick with it?*
- *What made the difference this time?*
- *What's your theory about how you got this change to occur?*

In a strength-based approach, questions are

- Curious... a posture of "not knowing"
- Look for exceptions to the problem... most problems don't occur all the time
- Respectful... must be genuine
- Complimenting... directly or indirectly
- Future focused... connect to goals

Research on change

- Client factors 40%
- Relationship factors 30%
- Hope or Expectancy 15%
- Model or Theoretical orientation 15%

• Assay & Lambert, 1999

More recent research on Change

- **The Alliance: Relational Bond**
- Accounts for 38-54% of change
 - Agreement on goals
 - Agreement on tasks
- The quality of the relationship between the therapist and client accounts for most of therapist variance
- Duncan, B., Miller, S., & Sparks, J. (2004). *The Heroic Client*. San Francisco: Jossey-Bass

How do you think change occurs?

- Lecturing
- Threatening
- "should's"

- VS

- Noticing what's working
- Having a "lens" that magnifies strengths
- Focusing on success

Problem-based Counseling vs SFBT

**THE ASSUMPTIONS OF EACH
APPROACH ARE DIFFERENT**

**NOTE: "PROBLEM BASED" INCLUDES
PSYCHODYNAMIC APPROACHES TO
CREATING CHANGE**

Problem-based therapies assume...

- Conversations are for true explanations
- The therapist is the expert and the client is the non expert
- Conversations for insight/understanding
- History is important
- Conversations to determine diagnosis, categorization

More problem-based assumptions

- Conversations for expression of emotion, focus on feelings, "*How did you feel about that?*"
- Adversarial conversations
- Conversations for identifying pathology, inability, hidden agendas
- Counselor's goals >>> predominant

Compared to problem based,

Solution Focused assumptions take the conversation down a different path

SFBT assumptions (shared by other models that are strength based)

- *Collaborative conversations*
- *Clients and tx = partners in the change process*
- *Presume change will and is happening and that client is competent*
- *Conversations for possibilities*
- *Looking for descriptions of exceptions, typically not seen as significant by the client*

More SFBT assumptions

- *Expression of emotion does not necessarily bring about change*
- People have tried to solve their problems... attempts have not worked
- People are resourceful even if unaware

Insight or Problem-based approach

- In a problem-focused (traditional) approach, the assumption is that if the person understood why they were stuck, that person would be able to change their behavior or thinking
- Story of the couple, man is heavy smoker
- Story of the man who refused to wear his shirt to the dinner table
- Erickson and the depressed yg woman
- Insight doesn't guarantee that change will occur

Certainty (problem-based) vs. Curiosity (SFBT)

- We know what is best for our clients
- Clients can be resistant
- Concerned with “why” questions
- Client goals can be secondary
- “Not Knowing”, position of curiosity
- Cooperate with the client
- Concerned with “what” & “how” ?s
- Client goals are critical
- *“Do you want to change anything or is this just a concern of your parents/teacher?”*

Developing skills of “not knowing”

- Putting aside your own frame of reference (should’s)
 - What’s “right” for us may not be “right “ for everyone
- Many think of us as the person who can give good advice.... telling people what they ought to do
 - Does this create change? We can give our own kids “parental advice” when they are interested, but that isn’t what we are doing in counseling.
- Stay curious about the client’s perspective
 - Crucial for “buy in”

SFBT is a strength-based perspective

- Change is frequently connected to success.
- Success breeds success....Build on success
- Notice what is strong in people instead of what is wrong in people
 - *What does your mother like about your talent that you are too shy to tell me about?*
 - *What would she say she likes best about having you around the house?*
 - *Where did your mother get the idea that you need to talk to people like me?*
 - *What would she need to see from you that would tell her you don’t need to come here anymore? What else?*
 - *Suppose you were to decide to do those things, what would be different between you and her?*

How do these assumptions effect what we say?

HUGELY!

These assumptions have a direct impact on what we say to kids

- Pregnant teens from a problem-based perspective
 - ✦ How do you feel about being pregnant again?
 - ✦ Did you use birth control?
 - ✦ Do you find yourself making the same mistakes as your mother?
 - ✦ Would you be interested in hearing about how adoption works?

Create questions for this pregnant teen from a position of curiosity or “not knowing”

WORK IN PAIRS TO COME UP WITH 4 QUESTIONS THAT ARE CONSISTENT WITH A SFBT APPROACH

WRITE THEM DOWN

If what you are doing isn't working.....

AT LEAST DO SOMETHING DIFFERENT

LIPSTICK STORY

GOALS.....

DEVELOPING A FUTURE FOCUS

Goals: The agenda for counseling

- Meaningful & important to the client, not necessarily the person who made the referral
 - *Whose idea was it that you come here? What do you suppose they want to be different as a result of you seeing me?*
 - *You must have a very good reason for saying I can't help you. Can you tell me what it is?*
- "The problem is other people think there's a problem"
 - *What would it take to prove them wrong?*
 - *What would it take to get the teacher off your back?*
- Accepting the client's position
- Goal.... proving that I don't have a problem

Goals: The agenda for counseling

- Small and within easy reach, realistic
 - Not all A's, perfect attendance or zero office referrals.
 - Reshape these lofty goals and celebrate small successes
 - *What will be the first small step that things are getting better at school?*
- Viewed as the first step, rather than the end pt.
 - Think small and build on success
- Perceived by clients as involving hard work
 - If the problem is a difficult one, client feels worthy of assistance
- Within the client's control
 - Not something that depends on how a teacher acts or what a parent says.

Goals need to be

- Specific...
 - *What will you be doing that you aren't doing now? When things are getting better, what will you be doing instead?*
- Positive
 - Something positive, not "the end" of something
- Focus on what the changed state will be like... the non-problem future
 - ✦ *How will others know something has changed?*
 - ✦ *What might you be doing that you aren't doing now?*

Miracle Question

- *Suppose that while you are sleeping tonight, and the house is quiet, a miracle happens and the problem that brought you in today is solved. However, because you are sleeping, you don't know the miracle has happened. In the morning, what will be different that will tell you a miracle happened?*
- *Suppose a miracle happened and the problem that brought you here today is solved. What will be different about your life?*

Follow up with

- *What part of that miracle is already happening, even a little?*
- Give the client time to ponder
- Expect "I don't know"
- Ask clarifying follow-up questions

- *How will you know when you won't need to come here anymore?*
- *How will you know when things are better?*

Goal formulation

- Related to "customer-ship":
- Is the client a Customer for change?
 - Customer: Definite desire to do something about the problem
 - Complainants: Sees the problem but is unwilling to take action to resolve it
 - Visitors: See it as someone else's problem

Goal setting

- Imagine that a 16 yr. old girl has been referred to you for "depression". Work in groups of 3 to develop some questions that would be appropriate to help develop a goal.



Whose goals?

- "The problem is other people think there's a problem"
 - *What would it take to prove them wrong?*
- Accepting the client's position
- Goal.... proving that I don't have a problem
- The sincerity question

If you don't know where you're going, how will you know when you get there?

THE IMPORTANCE OF GOALS

Language and the artful question

WHAT YOU SAY AND HOW YOU SAY IT REALLY COUNTS IN THIS APPROACH

Language to enhance cooperation and promote change

- Avoid “Why” questions, unless you are blaming the client for success
 - *Why haven't you given up?*
- Use phrases like
 - *I wonder if....*
 - *Tell me about*
 - *How.....*
 - *What do you suppose...*

Looking for Exceptions

TIMES WHEN THE PROBLEM DOESN'T OCCUR, ESPECIALLY IF EXPECTED

Exceptions to the problem

- Much easier to talk about the problem... but knowing more about the problem doesn't necessarily suggest what to do about it. (DSM Dx. Doesn't = intervention)
- Search the past and present for solutions by focusing on times when the problem wasn't present, less frequent, less intense
 - Example of soccer player

Looking for Exceptions

- Problem descriptions are seldom useful for building solutions
- Exceptions= Ask “*Times when the problem is less severe?*”
- “*Suppose I asked your best friend if you had any better days... what might he/she say?*”
- Ask for details: who, what, when, where

Focusing on Exceptions

- Shrinks problems... Ask about details
- Demonstrate client abilities... *How do you suppose you did this?*
- Point towards solutions... *What would it take to repeat this?*
- Focus on what is possible... You already know what to do

Case examples

- Dahlia's victory over her anger and fighting
- Kid with the temper who played soccer
- Your life?
- Not as useful with young children

Reframing

OFFERS A DIFFERENT WAY OF "SEEING"
WHICH OPENS THE POSSIBILITY OF A
DIFFERENT RESPONSE
ALTERING HOW THE PROBLEM IS
VIEWED
WELCOME TO HOLLAND
DEBBIE QUEEN'S STORY
EXERCISE ON REFRAMING

Scaling Questions

ON A SCALE OF 1-10 WHERE 10
MEANS HOW YOU WANT THINGS TO
BE AND 1 MEANS THE WORST
THINGS HAVE BEEN, WHERE
WOULD YOU SAY THINGS ARE
NOW?

Scaling Questions

1-10 or get creative: faces, karate belts, circles

*What's the highest you have ever been?
When was that? What were you doing then?
How did that make things different?*

*When the rating reverses, How did you keep it from
getting any worse?*

Advantages of scaling questions

- Makes things concrete
- Makes small successes noticeable
- Build into goals... *what would it take to move up one more number?*
- Maintain gains... *what will it take for you to hold this position?*

Scaling exercise: answer in pairs

- *On a scale of 1-10, where are you in your quest to be a more competent counselor?*
- *What tells you that you are at a ___?*
- *What will it take for you to move up 10%?*
- *What is something specific you can do to make that happen?*
- *What will be different for you when you are at a ___?*

Externalizing the problem

GIVE IT A NAME
MAKE IT SOMETHING OUTSIDE THE
PERSON AGAINST WHICH THE
PERSON CAN FIGHT
ALLOWS FOR DISTINCTIONS
BETWEEN WHEN THE CLIENT IS IN
CONTROL OR THE PROBLEM IS IN
CONTROL

Externalizing Examples

- OCD= *"So how have your fears been bullying you around?"*
- Anorexia= *"What lies has anorexia been telling you?"*
- Anger= *"What have been good strategies to keep anger from taking over?"*

Exercise on Externalizing the Problem

- Taken from Narrative Therapy

Techniques for speeding up change

- Validate client's concerns
- Compliment generously
- Interrupt respectfully
- Assume clients can change
- Build on small changes
- Go lightly with archeological digs
- Begin each session focusing on what has worked



Implications

- Focus on collaboration and assume a stance of "not knowing"
- Assume the client is competent and the "expert" in his or her own life.
- Avoid rearranging the furniture without permission

Implications 2

- Convey an attitude of hope and possibility without minimizing the problem or pain
- Encourage clients to focus on the present and future possibilities rather than past problems
- De-emphasize diagnosis and labels

Counseling vs discipline

- Impt not to confuse.
- Very different approach.
- Most administrators are not clear on the distinction.
- Muddies your chance to be successful with a student.
- Looking for change
- in both cases but:
- Counseling >>> exploration
- Discipline >>> consequences



To review, SFBT techniques

- Counseling and discipline are different
- In SFBT.....
- Setting goals (miracle question)
- Looking for Exceptions
- Reframing
- Scaling
- Externalizing the problem

Follow-up

- Form a consult group
- Read!
- John Murphy: *Solution-focused Counseling in Schools*
- Leslie Cooley
- lacooley@csus.edu

What will be the first small sign that

**THINGS ARE GOING BETTER IN
YOUR COUNSELING AND
CONSULTING?**

The Implications of Common Factor Research

**AFTER REVIEWING HUNDREDS OF
OUTCOME STUDIES INVOLVING A
VARIETY OF CLIENTS AND
PROBLEMS, LAMBERT (1992, 1999)
CONCLUDED THAT POSITIVE
OUTCOMES IN PSYCHOTHERAPY
RESULT PRIMARILY FROM:**

Common Factors

- What clients bring to treatment
- Practitioners' respect for these resources
- The quality of the relationship
- Factors are inter-related... enhancement of one factor strengthens the others i.e.
 - Effectiveness of a particular model is enhanced when the student perceives the counselor as accepting and caring

Client Factors 40%

- Inner strengths, resources, and innate capacities....
Also beliefs, values, skills
- Ability to enlist support and help from others
- Fortuitous events

Relationship Factors 30%

- Empathy, warmth, acceptance, genuineness, & encouragement lead to a cooperative working relationship
- Client perceptions of the relationship strongly influence counseling outcome

Expectancy Factors 15%

- Expectation of help and improvement
- Faith and hope
- Emphasis on possibilities, personal agency and an internal locus of control

Model Factors 15%

- To be effective, techniques must match the client's view of what is helpful and the client's relationship to the problem