Solution Focused Therapy

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Abstract— This research paper is about solution-focused therapy. In solution-focused therapy, the therapy does not emphasize the problem at all; it stresses and highlights the solution. Solution-focused therapy also considers the client the expert and not the therapist. The client is the expert because no one knows their own lives better than themselves. The therapist is basically there to guide the sessions but the client decides which direction to take. In this paper we go over the history of the theory, types of problems the theory is most useful for, the strengths of the theory, and the weakness of the theory. **Index Terms**—Solution focused therapy, psychology, positive psychology, psychotherapy, brief therapy, counseling.

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History of Theory

Solution-focused brief therapy has been used for approximately 20 years (Reiter, 2010). Develop by Steve de Shazer, Insoo Kim Berg, a colleague's, has been using a variety of contexts including schools agencies and private practice in with a wide range of clients including children, adolescents, couples, families (Reiter, 2010).

Their earlier work with individuals and family led them to find out that people held the key within themselves to move forward in their lives. "While some therapeutic approaches are brief by design, giving a set number of sessions per case, SFBT is brief in effect" (Freeman & Wilshaw, 2007). Solution-focused therapy is straighter to the point so to speak.

This method involves moving the patient's attention from the problems in life that has not been previously effective to more effective ways that they have been using as a foundation, and they've develop upon that (Reiter, 2010). This is all about working with solutions, and not focusing on the problems.

De Shazer does not believe that you need to know the source of the problem to resolve the problem. You can still create positive change without knowing the source of the problem.

If knowing and understanding problems are unimportant, so is searching for or absolute solutions. A person might consider multiple solutions, and what is right for one person may not be right others. In Solution-focused brief therapy, clients choose the goals they wish accomplish; little attention is given to a diagnosis, history taking, or exploring the emergence of the problem (Corey, 2013).

By not focusing on the cause of the problems but focusing on the solutions and the strengths of the client it gives the client all the power to fix their own problems instead of having to always rely on a therapist.

The development of SFB consisted the of the therapist leaning from their clients what was useful during therapy such that the client, rather than the therapist, was in charge of deciding which questions were helpful and which were not. In this sense, the therapists were learning from the clients what things worked in therapy. Additionally, therapists were learning from each individual client what a successful therapy outcome would look like from them in (Bliss & Bray, 2009).

The Solution-focused therapist will collaborate with the client, because the client is considered the expert of their own lives.

The Therapist with the clients collaboration, make

small goals that are attainable in small steps. "Solution-focused therapists concentrate on small, realistic, achievable changes that can lead to additional positive outcomes. Because success tends to build upon itself, modest goals are viewed as the beginning of change" (Corey, 2013). This is the key to behavior change. "Solution-focused approach can help patients to feel a sense of control and hope for the future" (Smith, Adam, Kirkpatrick, & McRobie, 2011). By not concentrating on the past and having a more positive outlook on the future clients behavior becomes more positive.

Types of Problems Theory is Most Useful

Solution-focused therapy can be used for a whole host of problems. "One particular area where the solution-focused approach shows promise is in group treatment with domestic violence offender" (Corey, 2013). This holds true because it does not concentrate too much on the domestic violence as much as focusing on finding solutions for the offender. Recent research shows "a recidivism rate of 16.7% and completion rate of 92.9%. In contrast, more traditional approaches typically generate recidivism rates between 40 and 60% and completion rates of less than 50%." (Corey, 2013). This is a huge difference between the two approaches. The results are very impressive.

It is also good in regular group therapy. The solution-focused group practitioner believes that people are competent, and that given a climate where they can experience their competency they are able to solve their own problems, enabling them to live a richer life (Corey, 2013). The group leader helps people form their goals and keeps the group going in a more positive direction and tries to keep the group from dwelling on the problems.

Solution-focused therapy can also work well in crisis intervention. Solution-focused brief therapy often proves very useful in crisis intervention. The available time does not usually lend itself to an elaborate diagnosis and, further to this, a client in crisis benefits from regaining confidence in their personal competences and a future-oriented approach. Thing for example of questions such as: 'How do you manage to carry on? What has helped you in the past weeks, even if only slightly?' Commonly, the client relinquishes competencies to the therapists ('you tell me what I should do'), a pitfall that can be avoided with SFBT (Bakker, Bannink, & Macdonald, 2010).

Again, this takes away from what the therapist thinks and

believes and put it in the hands of the client.

Since solution-focused therapy sticks with positive outlooks rather than the negatives, it is great to use on students with negative behaviors. Growe, Hicks, and Vallaire-Thomas cited a study done by Burns and Hulushi where, Solution-focused brief therapy was used in conjunction with social skills instruction within a secondary school setting. In their modified version of solution-focused brief therapy (SFBT), the students along with the school psychologist co-constructed a vision of what their future looked like in schools without their problems. For example, at the beginning of the therapy students are free to express the things that they "don't want" to happen anymore. As the therapy progressed, the students eased into focusing solutions, which caused a shift in the paradigm. The student's language then begins to shift to "what I do want," which empowers the child towards more positive outcomes. The students are then considered experts over their own life which, in turn, gives the child ownership to their created solutions and increases the opportunity for long-term, successful implementation of those solutions (2011).
Solution-focused therapy has been demonstrated to work wonders on at risk children that are in school, and many school counselors and psychologist are using this therapy.

Strengths of the Theory

There is much strength to solution-focused theory. One of the main strengths was stated earlier, in that by not focusing too much on the problem it frees one up for putting more emphasis on solutions and the future instead of dwelling on the past. By looking more positive towards the future the patient is already changing their behavior. This is one of the first steps.

Strength is its brevity.
To its credit, solution-focused therapy is a brief approach, of about five sessions, that seems to show promising results. In de Shazer's summary of tow outcome studies at the Brief Family Therapy Center her reports that 91% of the clients who attended four or more sessions were successful in achieving their treatment goals. SFBT tends to be very brief, even among the time-limited therapies (Corey, 2013).
Even as a brief therapy solution-focused therapy has a very high success rate. Since the client is in control of their goals this makes for a short session.

Another strength of solution focused therapy is that since the client is in charge of their own goals and not the therapist, it is the clients perspective or viewpoint that is the determinate not the therapist. This makes for a major strength from a diversity standpoint.

Corey (2013) lists these key contributions to multicultural counseling.
Focus is on the social and cultural context of behavior. Stories that are being authored in the therapy office need to be anchored in the social world in which the client lives. The therapists do not make assumptions about people and honor each client's unique story and cultural background. Therapists take an active role in challenging social and cultural injustices that lead to oppression of certain groups. Therapy becomes a process of liberation from oppressive cultural values and enables clients to become active agent of their destinies.
The main point of these contributions is that since the client is in control of the therapy then the therapist personal worldviews do not encumber the therapy.

To test the contributions solution-focused therapy has on multicultural counseling Zamarripa in conducted the study of an ethnic minority group of Latinos in Southern Texas (2009). Zamarripa results helped proved that it is the client that moves along therapy. "The client relying on her values to guide her decisions was incorporated as a cultural strength rather than as a deficit" (Zamarripa, 2009). This held true for all of the case studies. Zamarripa (2009) concluded that the case studies "show how the approach itself can fit with various cultural perspectives if the counselors follow the clients lead". This is a major tenant to solution-focused therapy, the client must influence what direction the therapy goes.

Weaknesses of the Theory

There are not very many weaknesses to solution-focused therapy. But one weakness is that some people want to talk about the negatives in their lives.
Some clients come to therapy wanting to talk about their problems and may be put off by the insistence on talking about exceptions to their problems. Clients may view the therapist as an expert and be reluctant to view themselves as experts. Certain clients may doubt the helpfulness of a therapist who assumes a "not-knowing: position (Corey, 2013).
This does pose a problem for solution-focused therapy if the client is looking to the therapist as an expert instead of looking toward themselves, since the core of solution-focused therapy is that the client is the exert.
Individuals from many different cultural groups tend to elevate the professional as the expert who will offer direction and solutions for the person seeking help. If the therapist is telling the client, "I am not really an expert; you are the expert; I trust in your resources for you to find solutions to your problems," then this may engender lack of confidence in the therapist (Corey, 2013).
This can definitely hinder the whole therapeutic process, and have a negative impact on therapy.

Conclusion

Solution-focused therapy is a therapy that does not stress too much on the problems, but instead spotlight solutions. By not focusing on problems solution-focused therapy is considered more positive than other theories.

In solution-focused therapy the client is considered the expert, and the therapist comes from a not knowing point of view. The therapist asks questions to the client to find out what the client can do to find their own resolutions. Case studies have shown that solution-focused therapy has a very high completion rate and a low recidivism rate compared to other therapies.

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