

# Treading lightly

**Evan George** discusses the solution-focused approach in practice

Counsellors coming across the solution-focused approach for the first time often comment on the simplicity of the model. Their comments can sometimes seem a little critical since, as we know, complexity is a quality that is valued in our society while 'simple' is often disparagingly equated with 'simplistic' and so rejected. However, before long, as their familiarity with the model grows, the same counsellors who were struck by the simplicity begin to comment, at times ruefully, 'it may be simple but it's not easy to do'. This apparent paradox – 'simple but not easy' – gets right to the heart of the solution-focused approach.

The simplicity is easy to explain. Solution-focused brief therapy does not attempt to answer the question 'why do problems occur in people's lives?' The speculation regarding the origins of people's difficulties has led to highly complex theorisation and, to the extent that different models have developed very different theories, to considerable debate and disagreement. Solution-focused brief therapy has not entered this debate since the question that has fascinated solution-focused brief therapists from Steve de Shazer onwards,

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and which has been the central preoccupation that has driven the development of the approach has been fundamentally different and the implications of this difference have been profound. The question that solution focus has asked is 'what works in therapy?' or, more precisely, 'what are the characteristics of the way that clients and counsellors talk together that are associated with change?'<sup>1</sup> The conclusion that de Shazer and his colleagues reached<sup>2</sup>, radical at the time and still challenging for many, was that effective counselling, certainly brief counselling, is associated with a maximisation of 'solution-talk' in sessions. 'Solution-talk' was understood to involve a highlighting of resource, a focus on the solved state, an exploration of what the client is doing that is working and the eliciting of descriptions of progress. What follows is a description of the London BRIEF team's minimal version of this most minimal of therapies<sup>3</sup>.

The BRIEF team have structured their work around four straightforward ideas<sup>4</sup>:

- What does the client want?
- How will the client know that s/he has got it?
- What is the client already doing that is useful?
- Watch out for more.

### What does the client want?

Solution-focused brief therapy is a non-normative approach. It has no position regarding health or pathology. It has no view about how clients should live their lives and thus until the client commissions the counsellor, stating what they want from counselling, the therapist can have no idea in what direction to take the talking. Clearly every intervention that we make as counsellors moves the therapeutic conversation in some direction or other and therefore if that direction is not set by the client it is inevitable that the direction will have been set, either knowingly or unknowingly, by the counsellor. So, typically within the first five minutes of the first meeting, the counsellor will ask 'what are your best hopes for our talking together?' The counsellor has no need to know what the client thinks that the problem might be, merely what the client wants from the process, since in solution focus the work is directed towards the building of the client's 'best hopes' rather than moving away from the client's problem. Although, of course, many clients will want to know that the counsellor does indeed know what they think the problem might be, and of course the counsellor will listen and acknowledge for as long as it takes for the client to be able to move into the future, this need is a need on the part of the

client rather than any technical need on the part of the counsellor. Establishing early on what the client wants allows the counsellor subsequently to orient each and every question in the client's desired direction.


### How will the client know they have got it?

Having established with the client what they want from the work, whether that be to get on better with a boss or a team, to be more confident, to drink less, to like themselves more, not to be depressed or even to discover the meaning of their life, the solution-focused counsellor will invite the client to picture a preferred future<sup>5</sup>, in other words, how they will know that the desired state has been achieved. This process focuses on two questions, 'how will you know that?' and 'how will it show to others when you begin to (be more confident)?' Working with these two questions the counsellor will invite the client to develop a picture that is, as far as possible, positive rather than negative; in other words, what will be happening rather than what will not, concrete and observable, detailed, and broken down into the smallest of signs, of indicators to the client that they are on track. Interestingly, just describing the preferred future, close though it can feel to a problem description – since 'I will be spending more time with my family' is very close to 'I'm not spending enough time at home' – does not seem to have the same problem-expanding impact. Indeed, very often during the course of the description the client will begin to be more hopeful, enthusiastic and optimistic. As the client develops the small detail of the picture, it becomes more likely that when the desired events occur they will be noticed and the client will, one way or another say to themselves, 'aha, things are improving'. The more detail that the client puts into the picture the easier it is to have this experience.

### What is the client already doing that is useful?

The solution-focused worker assumes that every client wants something from us, we only need to find out what it may be; and equally that every client is already doing something that is useful to them, and useful to them in this context means moving in the direction of the solved state. The routes towards eliciting what the client is already doing are various and depend on the client's responses to the counsellor's questions. Some clients, for example the client who wants to spend more time with their family, can just

be asked 'so when was the last time that you left work on time and had some time with the children?' Or the client for whom evidence of more confidence will be talking more in meetings can be asked 'when was the last time that you did notice yourself talking in a meeting, however difficult that might have been for you?' Other clients who are more problem dominated and find moving away from talking about the problem much more difficult can be asked about exceptions, exceptions to the rule of the domination of the problem in the client's life. Questions can be asked about the times that the problem does not happen, happens less, lasts less long or even impacts on the client's life less despite happening.



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Having established these times, either when the solved state is already present to some extent, or at least the problem is less dominant, the solution-focused worker will invite the client to elaborate on these times asking both strategy questions 'so how did you do that?' and identity questions 'so what does doing that tell you about the person that you are and the person that you have the

potential to be?' The client, invited to draw identity conclusions in relation to moments of success in their life, develops a narrative of possibility that often contrasts starkly with the narrative of limitation or restriction that they bring to the therapeutic process.

### Watch out for more

At the end of every solution-focused conversation the counsellor will summarise the session, highlighting whatever the client has said that can be associated with a likelihood of good outcome. The summary is likely to include evidence of resource, the resource upon which good outcome might be founded, whatever the client is doing that is useful, and evidence of the progress already made. The counsellor will attempt to summarise as far as possible in the client's own words, using the answers that the client has given, and at the end of the session is likely to suggest that between this session and next, the client could 'look out for more signs of progress in the right direction'. Follow-up sessions starting with the question 'so what has been better since the last time we met?' invite the client immediately into a 'progressive narrative'<sup>6</sup> that can then be further developed through more strategy and identity questions.

### Why does it work?

De Shazer, when asked why his approach worked, would always answer, with a smile, that it was because he always worked with such great clients. Naturally, generating a competence-oriented view of the client, as solution focus does, is likely to facilitate the therapeutic process and build the client's sense of likely good outcome and both these things are, in turn, likely to be useful. De Shazer also argued that it was not possible to know why the approach works, just that it does. In eschewing explanation and sticking with description de Shazer was influenced by the later philosophy of Wittgenstein<sup>7</sup> whose influence can be seen throughout de Shazer's writings. Not only does the approach work but, the research suggests<sup>8</sup>, the changes are maintained well and the average number of attendances, certainly at BRIEF, is in the region of four<sup>9</sup>.

### Why difficult?

So why might this most minimal approach be more difficult to do than it is to understand? First the approach works on a tiny canvas, just four key frames, and this requires considerable conversational dexterity in order to develop an entire therapeutic conversation based on so few areas. And the questions that the approach uses are very different from the problem-elaboration and exploration

questions that many counsellors coming to the approach know well. The approach requires us to rein in our natural curiosity 'what is the problem here?' and to forgo the pleasures of hypothesising, staying with the client in the client's account rather than delving under the surface into a world where many professionals pride themselves on the hard-won clarity of their vision. And solution focus requires us to trust the client, more difficult than it seems, accepting the client's account of what they want and assuming that the client also knows best how to make progress and will discover that best knowledge if only the counsellor can ask good enough questions. Above all the counsellor has to avoid the desire to be helpful. Clients do not need to be helped; they just need the counsellor's committed and purposeful curiosity for them to open new possibilities for themselves in their lives.

### Solution focus at work

The widespread application of the solution-focused approach to the world of work has been notably straightforward. Managers, coaches and team coaches, in addition of course to counsellors, are all drawing on the model in order to get the best from those with whom they work.

If we imagine a colleague who is feeling troubled by a forthcoming presentation the coach's first step might be to ask: 'Suppose that this presentation goes as well as you could hope. How will you know that the presentation is going well? What will the group notice about you and what will you be noticing about yourself?'

Imagine a manager talking with two colleagues whose relationship is notoriously hostile: 'When are the times that you do find a way of working constructively together even if not finding it easy? How do you do that?'

A team coach, faced with an under-performing team, might invite the team to consider the question: 'On a scale of 0 to 10, with 10 standing for this team doing full justice to all its strengths, skills, talents and resources, and 0 standing for the opposite, where do you all see things now?' And having obtained a number the team coach might enquire of the group 'what tells you that things are there on the scale and not lower?' and then get interested in the team's performance 'moving just one point up'.

Feedback from the corporate world is that the forward-looking, optimistic and hugely pragmatic nature of the approach is immediately valued and refreshing when contrasted with the problem-dominated experience of many practitioners working in the sector.

### Summary

The London BRIEF team started using the solution-focused approach in 1987 in a National Health Service clinic. Since then our understanding of the approach has changed considerably and has been much influenced by our close association with the two founders of the model, Steve de Shazer and Insoo Kim Berg<sup>10</sup>. From de Shazer the team took on a fascination with minimalism, with the question 'in any effective therapy what is the least that I need to do and what is the least that I need to know?' From Insoo Kim Berg came the idea that the therapist should strive to 'leave no footprints in the client's life'. And from one of Chris Iveson's client came the unsolicited thought 'you know Chris, when you ask good questions you disappear. It is only when you ask bad ones that I notice you.' Treading lightly in clients' lives is a discipline that is hard to learn and, like most things worth learning, takes much practice. ■

### References

- 1 de Shazer S. Clues: investigating solutions in brief therapy. New York: Norton; 1988.
- 2 de Shazer S, et al. Brief therapy: focused solution development. *Family Process*. 1986;25(207-22).
- 3 George E, Iveson C, Ratner H. Problem to solution: brief therapy with individuals and families. London: BTPress; 1999.
- 4 George E, Iveson C, Ratner H. Briefer: a solution-focused manual. London: BRIEF; 2006.
- 5 Iveson C. Solution-focused couples' therapy. In: O'Connell B, Palmer S. Handbook of solution-focused therapy. London: Sage; 2003.
- 6 de Shazer S. Putting difference to work. New York: Norton; 1991.
- 7 Wittgenstein L. Philosophical investigations. Oxford: Blackwell; 1953.
- 8 Macdonald A. Research in solution-focused brief therapy. In: O'Connell B, Palmer S. Handbook of solution-focused therapy. London: Sage; 2003.
- 9 Wally Gingerich has made available on his website a review of some of the outcome studies carried out on solution-focused brief therapy. Gingerich worked with de Shazer in the early days of the approach and is one of the joint authors of the 'originating' article cited above.  
<http://www.gingerich.net/SFBT/research/Default.htm>
- 10 Steve de Shazer died on 11 September 2005 and Insoo Kim Berg soon after on 10 January 2007. They founded the Brief Family Therapy Centre in Milwaukee and were the key figures in the development of the solution-focused approach. The worlds of therapy and counselling owe them a significant debt of gratitude.

