

# Focus on Solutions: Using Solution-Focused Brief Therapy to Improve Outcomes in Treatment

Kelly Harrington, M.A., CCC-SLP & Lisa McDonald, M.A., CCC-SLP  
The University of North Carolina at Greensboro  
South Carolina Speech Language Hearing Association Annual Conference, 2019

## Solution-Focused Brief Therapy (SFBT)

- Developed by Steve de Shazer and Insoo Kim Berg
- Used with a range of client groups and professionals from a variety of different backgrounds
- Used by SLPs working with a range of speech, language, and communication problems (Burns, 2005; Cook & Botterill, 2005; McNeill, 2013)
- Central philosophy: establishing clear goals that highlight client strengths and investment

## Core Principles of SFBT

- Focus on solutions, not problems
- Person > Problem
- Emphasis on the preferred future (What will you notice? What will others notice?)
- Resources > Deficits
- What is already working?
- Clients are the experts!
- Client describes best hopes
- Goals created by client with SLP as facilitator

## Describing the Preferred Future: Guided Visualization of Client's "Best Hopes"

- Miracle Question (de Shazer, 1988): "Suppose one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?"
- Tomorrow Question (Ratner et al, 2012): "Let's imagine you wake up tomorrow and your best hopes are achieved. What will you begin to notice?"
- SLP Follow-up Questions: "What's the first thing you will notice?" "What will you be doing differently?" "Who else will notice that you're doing something different?"

## What Should We Look For?

- Client's language to describe the problem
- Life impact of the problem
- Client attitude toward the problem
- Long term goals
- Potential allies for the client
- Obstacles to success

## Scaling

- 1-10 scale; 1 = "problem is the worst it could be" and 10 = "problem is completely solved"
- Present to client on first session and periodically thereafter to re-assess
- "Where are you today?" "What are you ALREADY doing that has put you at a \_\_\_\_\_?" "What will you be doing that will tell you that you have moved 1 point up on the scale?" "Where would you like to end up on the scale (when you feel you no longer need therapy)?" "What would be 'good enough' for you? What will that look like?" "How will you know you have achieved your ultimate goal?"
- If client is at a 1: "How are you coping?" Turn their answer into pointing out their strengths and the resources they are already using.

## Benefits of Scaling

- Allows clients to visualize and verbalize what growth and success will look like
- Acts as a positive and creative model that helps clients formulate goals for themselves

- Provides a concrete description of how clients have grown and changed throughout therapy
- Pinpoints areas to target for future growth
- Can be effectively used with parents and caregivers

### Adapting SFBT for Use With Children

(Nicholas, Alison (2014). *Solution-Focused Brief Therapy With Children Who Stutter.*)

- Use a magic wand or another visual to introduce the miracle question
- Draw or role-play best hopes or “what others will notice” when change occurs
- Jump up and down stairs or walk to large numbers set up on the floor for scaling exercises
- Numbers for scaling can be replaced with pictures as needed
- Write or journal answers if child/teen is hesitant to share
- Use legos, marbles, or beads to represent signs of change

### Follow-up Sessions

- What has been better since we last met? What have you been pleased to notice?
- Strategy questions: How did you do it? How are you managing that? What did others see you doing?
- Identity questions: What have you learned about yourself? What did it take to do that?
- If nothing is better or things are worse: What do you think you may have been doing to stop things from getting even worse than they have already? How have you managed to cope? How will you know when things get back on track?

### Benefits of SFBT

- Client develops "best hopes" for therapy
- Expectation of progress
- Sense of hope
- Clients and families develop their own solutions to problems
- Builds confidence and develops resilience

### References

- Bond, C., Wood, K., Humphrey, N., Symes, W. & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990-2010. *Journal of Child Psychology and Psychiatry*, doi:10.1111/jcpp.12058.
- Burns, K. (2005). *Focus on solutions. A health professional's guide.* London: Whurr.
- Cook, F., & Botterill, W. (2005). Family-based approach to therapy with primary school children: “throwing the ball, back”, In R., Lees, C., Stark, (Eds.). *The treatment of stuttering in the young school-aged child.* London: Whurr.
- De Shazer, S. (1988). *Clues: Investigating solutions in brief therapy.* New York, NY: Norton.
- George, E., Iveson, C. & Ratner, H. (2006). *BRIEFER: A solution focused manual.* London: Brief Therapy Press.
- Gingerich, W. J., & Peterson, L. (2013). Effectiveness of solution-focused brief therapy: A systematic qualitative review of controlled outcome studies. *Research on Social Work Practice, 23*, 266-283. doi:10.1177/1049731512470859
- Kelman, E. & Nicholas, A. Stuttering Foundation Eastern Workshop (2015).
- Nicholas, Alison (2014). Solution-Focused Brief Therapy With Children Who Stutter. *Procedia- Social and Behavioral Sciences, 193*, 209-216.
- Ratner, H., George, E. & Iveson, C. (2012). *Solution focused brief therapy.* London: Routledge.
- Tellis, C. M., & Barone, O. R. (2018). *Counseling and interviewing in speech-language pathology and audiology: A therapy resource.* Burlington, MA: Jones & Bartlett Learning.
- Yalom, I.D. (1995). *The theory and practice of group psychotherapy.* New York: Basic Books
- Zebrowski, P (2007). Treatment factors that influence therapy outcomes of children who stutter. In E.G. Conture & R.F. Curlee (Eds), *Stuttering and related disorders of fluency.* New York: Thieme.