

SOLUTION FOCUSED APPROACHES

Solution-focused brief therapy (sft) was developed in the 1980s by Steve de Shazer and Insoo Kim Berg of the Brief Family Therapy Centre in Milwaukee, USA. They modified existing brief therapies by using feedback about successful outcomes.

As a consequence there are a number of differences between sft and traditional psychotherapy. The central assumptions are that the goals for therapy will be chosen by the client and that the clients themselves have resources which they will use in making changes. A detailed history is not essential for sft. However if a story has never been told before then it may need to be listened to before continuing. 'Problem talk' and speculation about motives or 'purposes' of symptoms are avoided. The therapist adopts the client's vocabulary for the problem and tracks their use of language.

A solution focused interview will contain certain specific elements. Problems and goals are defined in practical terms which enable the client to focus on solutions. Asking about pre-session changes, exceptions to the problem, scaling the problem from 0 – 10 and asking the 'miracle question' keep the focus on effective solutions. At the end of the session the feedback encourages change. Tasks such as 'Do more of what is working already' or 'It is time to do try something different' helps to maintain change after the session.

In solution-focused work individuals, couples or families may be seen; the sessions follow a similar pattern with each. Clients find the method non-threatening and many enjoy the collaborative aspects of the process. Sufficient improvement is often achieved within 3 – 5 sessions and about 25% of clients only require one session. As with other psychotherapies, problems of long standing are less responsive to treatment. Medication and other treatments can be combined with sft. Hospital stays and waiting lists are reduced when an sft approach is adopted since it focuses on empowering service users. Mental health staff have found that it gives them increased confidence.

Seventy-seven relevant studies have extended from two weeks to six years, including two meta-analyses, eight randomised controlled trials and 24 comparison studies. Outcome evaluation shows that sft is effective for some 60 – 90% of cases including mental health problems and substance misuse. Unlike other therapies, SFT has been shown to be equally effective for all social classes. sft has been used in services for children and young people and in the education system. It is used with learning disability, acquired brain injury and Asperger's syndrome. It has shown benefit with clients from the criminal justice system including perpetrators of domestic violence. It is accepted within healthcare and education in the UK and in other countries.

Sft methods are also applied in non-health settings, mediation and organisational consultancy. The University of Birmingham offers an MA degree and there are several accredited training modules available in UK colleges. An international research project is in progress under the auspices of the European Brief Therapy Association (EBTA) which awards a research grant annually.

EBTA hosts the annual world conference in a different European city each year. The next will be held in Helsinki in September 2009. The UK Association for Solution Focused Practice is the forum for sft therapists in the UK.