The Art of Solution
Focused Therapy

ELLIOTT CONNIE, MA, LPC
LINDA METCALF, PHD, LPC, LMFT

Editors

SPRINGER PUBLISHING COMPANY
New York
Elliott Connie, MA, LPC, lives in Arlington, Texas. He maintains private practices in Keller and Fort Worth, Texas, and is frequently a presenter and lecturer on topics related to solution focused therapy. Currently, he is pursuing a PhD in family therapy from Texas Woman’s University.

Linda Metcalf, PhD, LPC, LMFT, is a former classroom teacher, licensed professional counselor and licensed marriage and family therapist. She is the author of several books on solution focused therapy including Counseling Toward Solutions (1995, 2008), Parenting Toward Solutions (1997), Teaching Toward Solutions (1999, 2005), Solution Focused Group Therapy (1999, 2005), and The Miracle Question (2005). She has also authored numerous articles on solution focused therapy. She has presented her work throughout the United States, Canada, Australia, Japan, Singapore, Norway, Germany, and the United Kingdom. She is a Professor in the Department of Education at Texas Wesleyan University, and coordinator of the school counseling program. She is also the president-elect of the American Association for Marriage and Family Therapy.
Contributors ix
Preface xi
Acknowledgments xix

1 Overview of Solution Focused Therapy 1
   Elliott Connie

2 Solution Focused Therapy: Its Applications and Opportunities 21
   Linda Metcalf

3 A Solution Focused Journey 45
   Eve Lipchik

4 Respectful Optimism and Satisfying Subtlety 65
   Yvonne Dolan

5 Working in the Dark 77
   Chris Iveson

6 The Three-Hour “A-ha” Moment 89
   Alison Johnson

7 This Is Me 101
   Tracy Todd

8 Monty Python–Focused Therapy 111
   Brian Cade

9 Acceptance, Transparency, Research: Because the Others Want to Know 125
   Cynthia Franklin
Contributors

Brian Cade
Registered Family Therapist, United Kingdom Council for Psychotherapy

Yvonne Dolan, MA
Private Practice
Denver, CO

Cynthia Franklin, PhD, LCSW, LMFT
University of Texas
Austin, TX

Rayya Ghul
Certificate of Qualification, London School of Occupational Therapy

Debbie Hogan, MS, BCPC
Academy of Solution Focused Training
Singapore

Chris Iveson BSc
Sociology, Certificate of Qualification in Social Work, UK Council for Psychotherapy Accreditation

Alasdair Macdonald, MB, ChB, MRCPsych, FRCPsych, DPM
Private Practice
United Kingdom

Eve Lipchik, LMFT, LCSW
Private Practice
Milwaukee, WI

Thorana Nelson, PhD
Utah State University
Logan, Utah

Sara Smock, PhD, LMFTA
Texas Tech University
Lubbock, Texas

Alasdair Macdonald, MB, ChB, MRCPsych, FRCPsych, DPM
Private Practice
United Kingdom

Alasdair Macdonald, MB, ChB, MRCPsych, FRCPsych, DPM
Private Practice
United Kingdom

Alasdair Macdonald, MB, ChB, MRCPsych, FRCPsych, DPM
Private Practice
United Kingdom

Terese Steiner, MD
Private Practice
Switzerland

Tracy Todd, PhD
Association for Marriage and Family Therapists
Washington, DC

Ron Warner, EdD
University of Toronto
Toronto, Canada

Harry Korman, MD
Private Practice
Malmo, Sweden

Alison Johnson, PsyD
Private Practice
Pasadena, CA
Many persons have a wrong idea of what constitutes true happiness. It is not attained through self-gratification but through fidelity to a worthy purpose.

—Helen Keller

The idea for this book actually began, for Linda Metcalf and for me, years before either of us was aware of it.

During the second semester of my graduate studies, our school announced that the codeveloper of the solution focused approach, Insoo Kim Berg, would be coming to our area (Fort Worth, Texas) to speak at another local university. This created quite a stir for students. By this time, we had been studying psychotherapy theories for almost two years and now there was an opportunity to meet one of the theorists we had been studying. I will never forget the excitement this created. Student groups made plans to go, professors offered extra credit for attending the event, and students hoped for a chance to meet the speaker to request an autograph. It was nothing short of amazing. However, despite all of this, I made no plans to attend.

At this point in my education I was still not sure which theory would be the best fit for me. I had only been introduced to solution focused therapy (SFT) in the previous semester during an introduction to theories course. I knew that SFT agreed with the way I viewed people, but I did not yet understand how the approach worked with clients. A profound event that occurred later that semester would change my understanding. So, I decided not to attend the workshop. My thinking was that if I attended, I would be impacted by what I heard from the speaker and biased toward SFT before I had the chance to explore any other theories. I was a passionate student and I wanted so much to have a theory that I believed in and could be effective with later on when I began seeing clients. Yet I did not want to be prematurely biased toward SFT by
attending the event. I thought I would have plenty of chances to hear Insoo Berg speak if I later decided SFT was the model that best suited me. Sadly, this was not to be.

As my education went on, it became clear to me that SFT was indeed the model that was the best fit. I began to regret my decision to miss Insoo’s speech. Throughout the rest of my studies, I would hear stories of how amazing the event was. Students remarked on the elegance of Insoo, along with her passion and her belief in the theory. I heard stories of the exercises she conducted with the audience and her humility when people met her. The stories increased my remorse for missing the event and simultaneously strengthened my resolve to attend one of her events once I graduated.

In January of 2007, just two months after my graduation, Insoo Kim Berg passed away suddenly. Upon hearing the news, I wept. I wept for a person I had not had the chance to meet because her work had impacted my life and my education so profoundly. I was further saddened because I would never be able to make up for my decision to miss her speaking engagement.

I would later learn that her husband and partner in the development of SFT, Steve de Shazer, had passed away just two years earlier while in Europe. Other key theorists associated with various family therapy approaches had either already passed away or would soon pass. They included Paul Watzlawick (the communications theorist associated with the Mental Research Institute in Palo Alto, California) and Jay Haley (developer of the strategic family therapy approach). With this knowledge came an acute awareness that if I was ever to have the opportunity to be in the presence of one of the influential people in the field of psychotherapy, specifically brief therapy due to my interests, then I needed to seize that chance. These theorists would not be around forever, and their presence should not be taken for granted.

My interest in meeting, and learning from, the developers was not just to be awe-stricken (though I admit to being in awe at times). It was to ask them a simple question that has been on my mind since my graduate studies. That question is: “How did you discover the way you work best with clients?”

I couldn’t find the answer anywhere. It went unanswered in all the texts I read. They often went into great detail explaining the concepts of one particular theory or another, the techniques associated with the theory, and the key developer(s) of the theory. I would always want to know more. As I was going through my journey of discovery toward
SFT, I became very interested in the stories of others who utilized the model in their work. I have always been interested in stories of others; as I reflect on my education, it was not what my teachers taught me that I recall with ease, but rather the stories they told while teaching. I would always ask my professors, “How did you get interested in the field?” or “How did you discover your theoretical approach?” As my professors answered my questions, they taught me much more than I could learn from a textbook. They opened my eyes to a world of discovery that would later lay the groundwork for this book. I was able to notice passion as they each spoke about their theories and the way those theories had impacted the lives of their clients and themselves professionally.

The conversations I had were not just limited to the professors in my program. My fellow students and I often discussed what we liked about one theory or another and what it was like to practice at our practicum sites. Many trends became apparent to us during this period of discussion, some of them amazingly helpful, while others were a bit more confusing.

I noticed that the students that found themselves attracted to traditional psychotherapy models such as cognitive behavioral therapy (CBT), rational emotive behavior therapy (REBT), or theoretical integrationism (eclectic) seemed to be more accepted by their peers and professors. They were excited about the way their supervisors responded to them at their sites, and often times were offered long-term therapy positions or positions as supervisors once their degree was completed. The students that were gravitating toward more postmodern theories such as SFT and narrative therapy had a different experience. There were stories of supervisors threatening jobs and removing once-promised promotions. We were all confused about this dynamic. This led me to ask the question, “What is different about therapists that use a postmodern theory? Why did they choose to work in this way as opposed to the more traditional approaches to working with clients?”

I read every book I could on solution focused therapy in an attempt to learn more, and not just learn about the model, but also about the people that called it their own. I read in Bill O’Hanlon’s work that problem-focused assumptions never seemed to fit him. I read Peter De Jong and Insoo Kim Berg’s description of the shift from the medical model (problem solving) to the new focus of solution building. Sometimes I noticed that the word brief would be included. I soon learned
that both solution focused and brief were not synonymous. Yet I was still curious about more of the people that used the model and how they learned about SFT. I wanted to know what type of people they were and if I had anything in common with them. I also wondered if they had experienced some of the same things that I encountered once I discovered SFT—the increase of passion, the impact on my personal life, and indeed some of the more difficult experiences at my job. Did other solution focused practitioners have these things in common?

One day, I approached Linda Metcalf, who by this time was mentoring me in using SFT in my work, and I discussed with her my curiosity. I will never forget her response. Her eyes lit up as she proclaimed, “Elliott, I have always wondered that too!” We spoke for over an hour about how she had discovered SFT and what she had experienced as a result of that discovery. We brainstormed about what we would ask other solution focused practitioners if they were in the room with us at that moment. She made a list of each question. We went on to make a wish list of people we would like to contact and pose our questions to. At the end of this meeting, she said something that I was already thinking, but afraid to say: “This would make a good book.” With that proclamation, the idea was born.

As we contacted each person on our list, we quickly realized it was true; we had a great book idea. The leaders in the field were all gracious enough to answer our questions. I will digress for a moment to remark on the wonderful people that responded to our requests. This project simply would not exist without their efforts. The responses we received from the practitioners touched us deeply on several levels. We remain both moved and humbled to this day. This collection of willing participants began to fill the void that existed from my decision to miss Insoo’s presentation just a few short years before. I was now having my questions answered by the people that remained to carry the torch of the model, and this time, the answers would be immortalized on paper. Now everyone has an opportunity to read the answers from the remarkable people included in this book on how they discovered the model of solution focused therapy.

**THE CONTENTS OF THIS BOOK**

Since SFT takes such a different approach to therapy, we wanted to address several important components of the approach. Currently, there
are several excellent books available on the how-to guidelines of this approach (we have provided a list of some of our favorites at the end of this book). However, this book serves a different purpose. We hope to address the art of SFT, focusing on being solution focused in session and in life. To accomplish this, we will begin with an overview of the solution focused model in chapter 1. We will review some of the questions associated with the model, as well as the history of its development at the Brief Family Therapy Center in Milwaukee, Wisconsin, by Steve de Shazer and Insoo Kim Berg. We will also review some of the important tenets and assumptions of the model and how they guide a practitioner working from the solution focused perspective. In chapter 2 there is a review of the different settings in which SFT has been utilized as well as different research that has been conducted on this approach. There will also be a review of the research body of SFT. Focusing on solutions often requires a different type of thinking and this type of review is needed before the true highlight of the book is unveiled.

The real spotlight of this book is, of course, the stories by the practitioners themselves. This book is a collection of the most published and experienced SFT practitioners in the world, how they each discovered the theory, and what that process was like for them. The practitioners included in this volume are a diverse collection of counselors, social workers, psychiatrists, and marriage and family therapists. They utilize the solution focused approach in settings ranging from psychiatric services, to not-for-profit agencies, to work with children, to building the research base of SFT. They hail from all over the world and come from remarkably diverse backgrounds. Considerable effort was made to leave each contributor’s text as close to what they sent to preserve this diversity. This was the most respectful way we could handle their stories; in the same way we work to honor our clients, we desired to honor these amazing practitioners.

Two of the people that were key in founding this approach, Eve Lipchik and Yvonne Dolan, authored chapters 3 and 4. They offer the unique perspective of what it was like in the early days of searching for solutions. This early group influenced the chapter 5 contributor, Chris Iveson, who went on to found BRIEF Therapy in Europe.

The following three chapters illustrate the diversity of this approach as Alison Johnson, Tracy Todd, and Brian Cade discuss how, though they are widely different, they each migrated toward this approach.
Chapters 9 and 10, by Cynthia Franklin and Sara Smock, discuss the growing research base and what it is like to be a researcher interested in this approach.

The next five chapters offer vivid depictions of how SFT can work in a wide variety of settings. Rayya Ghul discusses how SFT works in her occupational therapy practice; Debbie Hogan talks about establishing SFT in Singapore; Harry Korman is noted for his work in substance abuse; Linda Metcalf discusses her pioneering work in the schools; and Terese Steiner and Alasdair Macdonald show how SFT can be integrated into psychiatric settings.

This section of the book is concluded by three chapters that offer insight into how SFT differs from other approaches as this author (Elliott Connie), Thorana Nelson, and Ron Warner discuss what it was like learning SFT after previously being trained in another approach.

To each practitioner, Linda and I posed certain open-ended questions:

**INTRODUCTION TO THE SOLUTION FOCUSED THERAPY MODEL**

- How did you first learn about solution focused therapy?
- How did you discover that solution focused therapy was the model that seemed to fit with your way of working with clients?
- What characteristics of the model drew you toward it?

**WORKING WITH CLIENTS: THE PROFESSIONAL IMPACT OF SOLUTION FOCUSED THERAPY**

- How has utilizing solution focused therapy impacted your work with clients? (Please mention if you utilized a previous model and the difference you noticed in clients and yourself after switching to solution focused therapy.)
- How would your clients describe your work with them? Have any of them who experienced another model of therapy commented on the difference (if any) that they perceived when working with you?
- What is it about SFT that makes it so effective?
- Describe one of your favorite cases and how it impacted your work as a therapist.
LIFE OUTSIDE THE THERAPY ROOM: PERSONAL EFFECTS OF SOLUTION FOCUSED THERAPY

- Has the use of solution focused therapy impacted you in your personal life?
- What are some key personality traits that you think are shared among solution focused practitioners?

TRAINING AND REFLECTION

- What are some common mistakes that therapists trying on the model make most often? If you had a chance to guide them differently, how would you do so?
- What are some things you notice students doing while trying on this model that lets you know this model may fit them?
- If you were training therapists in the solution focused therapy model, what strategies would you use to train them and how would you present the material?
- If you could pick a pioneer solution focused therapist who impacted your work, whom would you name and why?
- What developments would you like to see in the future of this model?

As we reviewed each of the chapters, Linda Metcalf and I realized that not only were our original questions answered in a way that had never been done before, but they were answered beyond our wildest dreams. What we learned went far beyond theory and practice, and touched that piece of the human experience that led each of us to enter the helping profession.

The book ends with chapter 20, a conclusion, describing what it was like for us to write this book. We want to share what we learned, what themes we identified, and what traits seemed to be common amongst the practitioners.

Lastly, we hope that we can address some of the myths of SFT... the myths that baffle others who don’t seem to understand the model or criticize it. For example, statements such as, “SFT does not have a research base,” or “SFT ignores too much,” or “SFT only addresses superficial issues.” We sincerely hope to address these, and many others, throughout this text.
So, as you begin reading this text, I would like to share with you a story that may be helpful. It is a story that a close friend and colleague named Cecilia once told me related to learning SFT. She had just graduated from a social work program where the emphasis was placed on CBT. Months before this story took place, Cecilia had approached me and expressed an interest in learning SFT. I informed her that I would be conducting an upcoming workshop on SFT. She attended the workshop and immediately began practicing using the model with the type of passion that every teacher hopes to see in their students.

One day while I was sitting in my office, Cecilia approached me and asked to talk. I could tell that she was looking to have a serious conversation, so I invited her in and closed the door. She was aware that I was working on this book and had a suggestion for me. She asked that I be sure to explain that people studying this model need to understand, above all else, that SFT represents a way of thinking and not just a collection of techniques. She asked me to express that to truly understand SFT, people have to observe it, read about it, think about it, and focus on solutions in their personal lives. I asked what led to her making these suggestions, as this was very out of character for her. She explained that since she began studying SFT, she had made many changes in her own life. She used to have so much anxiety that she experienced physical symptoms, usually stomachaches. The stomachaches had gone away and she was experiencing more rewarding experiences in her family, work, and personal life. My only response was to let her know that I would do my best.

So here it is: my best. On behalf of myself and Linda Metcalf, we hope you truly enjoy our effort to express what we think are important components of this approach, as well as enjoy, as we did, reading the work of the practitioners that so graciously added to this project.

Elliott Connie, MA, LPC
I would like to start off by thanking the person that introduced me to the world of solution focused therapy, Dr. Linda Metcalf. I will never forget the first time I heard you talking about this approach. It was clear that you were not just talking about a way of doing therapy but a way of being. Hour after hour, we discussed this way of being as you shared your experience and wisdom with me. It was this generosity that helped me grow from a passionate student to an author. Thank you.

To Jennifer Perillo, thank you for taking a chance on this project and supporting the idea for a different kind of book. Your feedback throughout this process was incredibly helpful and I will never forget getting an e-mail from you with “Good News” in the subject line.

To Rayya Ghul, who was so curious about how an SFT therapist knew his question would work that she was moved to tears. Thank you for being so skillful at describing your passion and curiosity about this approach. To Eve Lipchik, thank you for sharing what it was like in the early days of SFT. Your excitement was evident as you described the way the team at the Brief Family Therapy Center (BFTC) formed these ideas and pioneered a new way of thinking. To Yvonne Dolan, thank you for being supportive from the first time we contacted you about this project. Your stories about how SFT impacted your work with children and how being around SFT practitioners impacted your life were amazing. To Chris Iveson, thank you for contributing to this project. Your presence in this book truly allowed my best hopes to be realized. To Alison Johnson, thank you for working so hard and taking so much time each morning to put together such an inspirational chapter—it was so appreciated. To Thorana Nelson, thank you for sharing the story about working with the single mother. It is a wonderful illustration of how being curious about details of a solution can bring about change. To Sara Smock, thank you for sharing your passion for increasing the research base of SFT in this book. I feel so lucky that there is someone like you tenaciously working
to demonstrate that this approach is effective through research. To Ron Warner, thank you for taking the time to have a conversation with an aspiring author about a book idea and for agreeing to help. I very much appreciated your generosity.

To my wife, Carmesia, your support and patience truly made this project possible. Thank you for seeing success in me long before I could see it in myself, you have changed my life in so many ways with your love. To my mother, Jeanette, watching your strength throughout my life allowed me to demonstrate my own; thank you for showing me how to be strong. To my aunt, Lynette, you carry a graceful confidence with you in everything that you do. Thank you for sharing that confidence with me. To my brothers, Adam and Issac, thank you for your understanding as I spent countless weekends away from each of you working on this project. I owe you. To my best friends, Kyle and Matt, thank you for believing in me! Without that belief this project would never have been completed. To my friend Cecilia, thank you for helping me fix my many grammatical errors. You really saved me.

Elliot Connie

I would like to express my gratitude to my coauthor, Elliot Connie, whose incredible enthusiasm about solution focused therapy has served to ignite my passion all over again for teaching and learning from those whose work I have always admired. The day I mentioned my query to you, Elliot, about the traits, personality, and talents that seemed to draw a person to solution focused therapy, you took the challenge and brought it to life, producing a proposal that won us this project. You have helped to fulfill a curiosity I have had for a long time and bring it to life through the marvelous answers provided by our colleagues inside these pages. Thank you. To Jennifer Perillo, thank you for believing in our project. Your enthusiasm was contagious and your editing, helpful. I appreciated your excitement about solution focused therapy and your willingness to bring Springer Publishing into its world.

To Tracy Todd, who was determined to give us his best, thank you for the lovely story of walking around the lake with de Shazer. It fits de Shazer’s simplicity well, to think of him in such a peaceful surrounding, musing about therapy with a student full of curiosity. To Brian Cade, always the humorist and always ready with the right quotes, the right case, and the personal sharing that make you such an irresistible colleague to know and work with, thank you for the time you took out of your
busy life to give us your words. To Harry Korman, Terese Steiner, and Alasdair Macdonald, you are physicians who take psychiatry to a higher level of understanding where patients become people with abilities and strengths, rather than numbers needing a diagnosis. Your patients are lucky. I admire your tenacity to integrate solution focused work into a medical model that has its own strengths, helping patients to flourish even more when combined with their strengths. Your heartwarming stories of patients, and your own professional and personal growth and gratification, give us all hope and inspiration with clients who only see their deficits. To Cynthia Franklin, I share with you the love of schools and schoolchildren and have huge hopes that the world of education will stop, look, listen, and pay attention to what’s working, rather than what’s not, with your work leading the pack. Thank you for your work at Garza High School, a school that has given a second and third chance to students who otherwise might have missed out on futures you helped them to create. I appreciate your research and your passion to make the model visible in education. To Debbie Hogan, such a wonderful host to me in Singapore and such a talented therapist, thank you for giving us your account of what helped you grow as a therapist, under the marvelous guidance and personality of Insoo Berg. We miss her so, and yet you carry on what she meant to continue. Your pursuits in Asia are met with excitement because you are excited.

To my husband, Roger, who is always ready to get one more take-out dinner while I finish one more chapter, thank you for your belief in me and reassurance that I can write one more book. To my two golden retrievers, Rex 1 and Rex 2, your need for exercise each day was a stress relief that gave me time to mentally write while I walked. To my grown children, Roger, Kelli, and Ryan, you are always acknowledged because your influence in my life makes me who I am.

Linda Metcalf
You have got to discover you, what you do, and trust it.
—Barbra Streisand

**HOW DOES SOLUTION FOCUSED THERAPY WORK?**

One of the creators of this approach, Steve de Shazer, often replied to this question by simply saying, “It is magic, I do not know how clients do it.” The presence of magic is not limited to solution focused therapy (SFT). All therapy contains something magical. There is something unknowable that occurs in the relationship between the client and therapist that allows healing to take place. However, there is something very different about SFT as compared to traditional psychotherapy approaches. In my own attempts to answer this question, I admit to having significant difficulties. I have learned to answer the initial question when conducting trainings by providing three different types of information:

1. An explanation of the history and development of SFT
2. A review of the tenets and assumptions associated with the model
3. A review of the techniques and questions that SFT is known for
This chapter will be an explanation of the solution focused approach from that perspective. There is simply no other way to say it: A therapist utilizing SFT thinks differently than therapists using other approaches. Not better, just different. Yet understanding these differences can be a key component to becoming an effective solution focused therapist.

**HISTORY OF SOLUTION FOCUSED THERAPY**

The solution focused approach was developed in the late 1970s by Steve de Shazer and his wife, Insoo Kim Berg, while working at the Brief Family Therapy Center in Milwaukee, Wisconsin, following the example set in Palo Alto, California, at the Mental Research Institute (MRI). After studying brief therapy at MRI, Steve de Shazer developed an interest in what makes brief therapy work. Intent on establishing the “MRI of the Midwest,” de Shazer teamed up with wife and other practitioners such as Eve Lipchik, Jim Derks, Elam Nunnally, and Marilyn LaCourt. Later, others were added, such as John Walter, Jane Peller, Alex Molnar, Kate Kowalski, and Michelle Weiner-Davis (Lipchik, 2002).

This group built on the work of those at the MRI, especially Milton Erickson and John Weakland. They routinely conducted therapy in front of a team observing from a one-way mirror. Many conversations and ideas came from these early observations that ultimately led to the development of SFT and the innovative process associated with the approach. From my perspective, an amazing facet of those observations and conversations is the diversity of the group involved. This diversity has led to the widespread utilization of SFT in settings ranging from schools (Metcalf, 2008) to working to overcome addictions (Berg & Miller, 1992) and from Child Protective Services (Berg & Kelly, 2000) to domestic violence (Lee, Unken, & Sebold, 2004).

The diversity may also have led to widespread misunderstandings of SFT (Lipchik, 2002). The current emphasis on evidence-based approaches in the field of psychotherapy requires approaches to specialize for the purposes of research and demonstrated efficacy. There are approaches that specialize in treating one diagnosis or another, one age group or another, one type of family problem or another. SFT is different in that there is no *one* area where this approach has been effective. Rather, there have been many. These studies will be further discussed in chapters 9 and 10, among others.
Recently, while doing some work for a local social service agency, I was told that the agency would be implementing a plan to only utilize evidence-based programs. They were going to utilize one program for clients with “externalizing disorders,” another program for “internalizing disorders,” and so on. From then on, this would be how treatment decisions would be made at the agency. Each service offered had to match up to the client’s presenting problem or situation.

In my work for the agency, I had been utilizing SFT exclusively and experiencing success (the agency measured success by use of treatment plans and tracking missed appointments). So, I decided I would raise the possibility of using SFT as a part of their evidence-based programs. I will never forget being told that SFT did not fit into their plans because there was no research to support SFT as an evidence-based approach.

This statement came as a shock to me. I had been exposed to a mountain of research on the approach and had not heard anyone say this before (although I have heard it since). How could someone say there was no research to support the approach? The research base of SFT seemed so obvious to me.

SFT is an approach that is rooted in research both at MRI, then later in Milwaukee at the Brief Family Therapy Center, and now all over the world. Each new development in the theory was researched by asking clients about the helpfulness of the approach. The team examined several session hours to determine which questions seemed to be linked to the client having effective conceptualizations that led to sustainable solutions (de Shazer et al., 2007). This early research focused on the helpfulness of the model and the questions being asked in therapy. The team only kept those aspects that were helpful and led toward the client’s solutions. Later, the effective techniques and questions were published both in books and in journal articles. Also, in later years, this approach would be researched in more scientific studies where SFT was compared to other more widely accepted evidenced approaches. In these studies SFT has continued to achieve outcomes that either match or surpass these other approaches (Macdonald, 2007).

There have also been research studies comparing SFT to other therapeutic approaches. In the largest outcome study ever done, helpfulness of the therapeutic approach was not linked to the problem type the client was experiencing (Seligman, 1995). This led me to wonder why so many mental health organizations and funding sources make treatment decisions that match therapeutic approaches with client problems when there is minimal research to suggest that such a practice is helpful.
As I contemplated why professionals do not accept the research, I came to a few conclusions. The first is related to the thinking of solution focused practitioners. In preparing to write this book, I had the pleasure of corresponding with several practitioners that utilize this approach from all over the world. One thing that many of them shared was that when they discovered SFT, they realized it was something that they already were doing (or thinking) as they worked with clients. They realized that SFT was more than just a way of working. It is a way of thinking: a way of thinking about people, a way of thinking in session, and a way of thinking about research. If someone only has an understanding of the process and questions used in the approach, then they may only be looking for research to support the effectiveness of those questions and techniques with specific problems. This is drastically different than reviewing the research to determine the efficacy of the approach as a whole. People cannot evaluate the overall efficacy of SFT (its assumptions, tenets, and questions) if all they have been exposed to are the techniques.

Another reason may be the language and stance of the solution focused practitioners themselves. To make this point, I will share two different stories to show the difference in how someone from a solution focused perspective and someone from a more traditional perspective answered the same question.

The first was a therapist that utilized cognitive behavioral therapy (CBT) in her work. A mother of a young child asked the therapist if she treated children that have experienced trauma. The therapist answered by explaining that she had recently learned to do trauma-focused cognitive behavioral therapy (TFCBT). She explained that this was an approach that was effective for treating trauma in children and she believed that since she had tried other treatments, this is what “should be tried next.” The mother agreed to allow the therapist to see her daughter.

I do not mean to imply that there is anything wrong with her answer. It is just very different from the way a solution focused practitioner would respond. In a training video, Steve de Shazer explained that he is often asked if he believes SFT is effective with one diagnosis or another and his answer was always the same: “50–50.” The differences in the responses are astounding and have wide-ranging ramifications. A therapist working from a solution focused perspective believes that the client has the answer and thus should be the expert himself/herself. The therapist that believes he or she is the expert must also believe that he or she knows something that the client does not know and needs to learn. This is opposite from the assumptions of SFT.
Additionally, a solution focused therapist would not consider the
diagnosis as a necessary component for treatment. This makes it im-
possible for the solution focused therapist to respond the way the CBT
therapist did. Answers like the one given by Steve de Shazer may lead
people to believe that perhaps the SFT approach is not as effective
because the therapist does respond with a “yes, I treat X diagnosis.” It
is not that the diagnosis is not treated, rather, the therapist thinks past
the diagnosis, toward the client’s competencies, rather than pathology.
Perhaps this kind of explanation has led people to believe SFT is not as
effective as other approaches in certain therapeutic settings, when the
contrary is true.

The history of SFT is rich with stories of practitioners that thought,
talked, and worked differently. It was not just people using different
techniques in a session; it was people with a different way of thinking
that led to the revolutionary techniques. This new way of thinking is
illogical. Logic leads us to believe that if there is a problem someone
needs solved, we must first learn as much about the problem as pos-
sible in order to cure it. Logic also leads us to believe that if we have
an intense problem, then an intense solution is required. This original
group of SFT developers did not follow this logic. In fact, they went to
the opposite end of the spectrum as they created what became known
throughout the world as solution focused therapy.

**TENETS OF SFT**

I will utilize the tenets offered by Steve de Shazer and his colleagues
in *More Than Miracles* (2007, pp. 1–3) to point out the differences
between SFT and other problem-focused approaches, as well as
demonstrate how these tenets can be followed in session. SFT is not
theoretically based but instead is based on practicality. Coming from a
minimalist perspective, these are the tenets that are key to solution fo-
cused therapy.

**If It Is Not Broken, Don’t Fix It**

This tenet is crucial and perhaps the single most important tenet under-
lying this approach. If the client is not reporting something as a prob-
lem, then they have already fixed it or are currently fixing it, making any
therapeutic interventions irrelevant.
Stephanie and Seth were a couple in their late 20s that came to my office to attempt to repair their relationship, which had recently become so difficult that she had to move out of their apartment. The couple expressed a strong desire to reconnect and we began to have conversations about the type of relationship they would like to have.

After three sessions, which occurred over the course of six weeks, the couple reported that they had experienced significant progress in their relationship and were now beginning to dream about the future together again. This reported progress included elimination of arguments, living in the same residence, increased intimacy, and increased trust.

However, none of this is why I have included this story in this book. Something fascinating happened before and during the fourth session. I received a phone call from Stephanie prior to that session. She explained to me that this session would be a “doozy” due to what she was “ready to admit.” This statement was made through tears and I began to imagine the worst. When the couple arrived at my office, I could tell Stephanie had been crying and Seth was unusually quiet. As the session began, the couple explained just what this “doozy” was. Stephanie said that she had a serious drinking problem and consumed approximately a pint of vodka per day. As she described the extent of her drinking, Seth sat quietly, occasionally nodding in agreement. Stephanie went on to say that her family had tried to get her to go to rehab but she had refused and was still not willing to go. Then, she made a statement that shocked me. She explained that she had found the work we had been doing to improve their relationship helpful and thus felt hopeful that if we began to address the drinking, the outcome would also be positive. Seth then explained that prior to the first session, Stephanie made him promise not to talk about the drinking at all. So, prior to that moment, it never came up.

Throughout the same session, Stephanie remarked about how important it was to know that therapy would be helpful before she began to discuss this issue and that is why she only focused on the relationship first, which she called “a test.” As the session went on, and we had discussions about her desire to reduce her drinking and have a happier life, Stephanie still refused to enter treatment but did agree to make some other changes. Some examples included allowing Seth to hold her check card while he was at work and to have only a minimal amount of alcohol in the home, managed by Seth. The couple agreed to schedule another session, then left.

I received another call prior to the next session, but this time it was Seth. He explained that they would be unable to attend the session
because Stephanie had agreed to enter a residential treatment center. He informed me that one day, “out of the blue,” she called him at work and stated she was ready. He knew exactly what she was referring to, so he headed home immediately and together they found a place for her to safely detox and then a subsequent location to receive treatment. Seth was tearful, stating he could not believe she was actually going to treatment. They had been together for almost 5 years and the drinking had been an issue for most of that time.

After several months with no contact, I met with the couple at their request. Stephanie looked like a new person, and in fact, so did Seth. Physically, they looked as though they had been made over. They were smiling, laughing, and had a certain glow about them. I began the session with a usual question, “What has been different since our previous meeting?” They replied that Stephanie had over 90 days clean. Seth had stopped drinking in support of Stephanie, familial relationships had improved, and the couple was happier than ever before.

When I sit back and reflect on this remarkable couple, I am reminded that they came to the first session needing to “test” me. I admit that during the second session, I smelled alcohol on Stephanie’s breath, but decided not to mention it because she was clearly not intoxicated and in no danger. I chose to not fix the drinking because the couple did not tell me it was broken, or, that they wanted to discuss it. The couple stated that the relationship was what they wanted to work on so that is where we focused our conversation. I sincerely believe if I had mentioned the drinking when I first noticed it, I would have failed Stephanie’s test and she would not have returned to therapy. This may seem obvious, but just a few short years prior, I would have done something completely different. In my original training, I was taught to identify all of the factors that contribute to the problem, even if the client did not desire to fix them. As a solution focused therapist today, I let my clients identify the problem.

**If Something Is Found to Be Working, Do More of It**

Central in practicing from an SF perspective is the belief that all people come to counseling already doing something to resolve the problem (or at least preventing the problem from getting worse). According to de Shazer et al. (2007), this tenet amplifies the hands-off perspective of this approach. If a client is already doing something that is effective, then the task is for the therapist to get out of the way and encourage the client to more of that behavior. The task is to be tenacious about seeking
to locate these things and respectful in inviting the client to do more of these things.

While facilitating a group for parents, I observed this tenet in action. One of the attendees explained that she was having a difficult time getting her children to respect her and her rules. She had three teenage children and all of them violated curfew, did not do chores, and experimented with risky behaviors, such as drugs and sexual activity. I later learned that the mother was a schoolteacher, and not just any type of teacher. She was responsible for the behavior intervention classroom for her school and she loved it. Wow! This meant that she spent her day working with, and enjoying, the school’s most difficult students.

When I asked her how her students behaved in her class, she explained they behaved well for her—so much so that other teachers often asked her how she was able to elicit such responses from the kids when they themselves had such struggles. She then explained to the group what she did in her classroom. She had a chart on the wall so that each student knew their expectations for the day, she made sure she was pleasant, because the students deserved a pleasant teacher, and she never ever raised her voice at a student. As she spoke, other parents began taking notes and one of them said, “Is that how you are at home?” The mother simply shook her head in silence. She then stated that she would start treating her home the same way she treated her classroom.

Each week thereafter, the mother updated the group on something different she was doing with her children and the progress the children were making as a result of her changes. It was amazing. After the final group, the mother expressed how thankful she was that the group members encouraged her to “treat her home the way she treats her classroom.”

This mother did not need to be taught how to be a parent or to learn something new about parenting. She simply needed to be encouraged and reminded that she already knew how to manage teenage behaviors. Once this occurred, the children rapidly began to respond to her in a very desirable way, just as the kids in the school did. She already had the solution; she just needed to do more of it.

**If Something Is Found to Not Be Working, Do Something Different**

There is a human tendency to repeat a solution that has not worked in the past. This is true for therapists and clients alike. As therapists, we
often justify the repetition by thinking, “Maybe the client isn’t ready for change, but this is what needs to happen.” This tenet highlights the fact that a solution is not a solution unless it works; if something does not work it must not be a solution (de Shazer et al., 2007). Many approaches in therapy believe that if something does not work it must be the client’s fault, but in SFT, if the task developed in session is not effective for the client, then a different solution is developed. To illustrate the difference, I will share an experience I had while working at a social service agency.

A few years ago, one of my duties was to attend weekly supervision meetings with an agency treatment team. The purpose of this meeting was a noble one: to provide support for the staff with their most difficult clients. However, many members of the treatment team dreaded this meeting more than any other requirement associated with their job and so did I. Each treatment provider was mandated to discuss their most difficult cases by explaining what they were currently doing with the client. The conversation was focused on the interventions being used by the therapist. If they weren’t working (and they often weren’t), the client was labeled as resistant or not ready for change. The supervisor would then make suggestions about how the practitioner could prepare the client for the intervention. Below are a few common suggestions from those meetings:

- Increasing engagement by doing something for the client/family
- Returning to the initial assessment data to review the client’s problem
- Developing new ways to present the same intervention so that the client could accept it

I noticed that each week practitioners were talking about the same clients without much progress. The same solutions were suggested, with few results. I often wondered why the intervention itself wasn’t discarded—or why clients were never asked what they thought would be helpful. Perhaps that conversation would have led to a meeting that the staff would not have dreaded.

This tenet is also true for clients. People often attempt the most logical solution to resolve a problem, but it may not always be the most effective. Once, a mother I was working with explained that she had tried “everything” in her attempts to elicit desirable behaviors from her children. She had been consistent and firm throughout their lives and as they continued to misbehave, she became more strict and more firm.
This pattern persisted for years. In session, she was able to realize that this approach, though it made logical sense, was not highly effective, allowing for more effective parental strategies to be developed.

**Small Steps Can Lead to Big Changes**

Recognizing that small steps lead to big changes is one of the most important tenets of SFT. SFT is a minimalist and systemic approach; the task for the therapist is to understand that all that is required is for the client to do one small thing differently in order to solve the problem (de Shazer, 1985). The belief is that that one different behavior will escalate into other changes, until the problem no longer exists.

A social worker friend of mine, who works in an agency setting, once shared a story that illustrates this point. She was visiting with a woman in her mid-40s who desired to focus on herself more. The woman explained that she was the primary caregiver to her father, who was struggling with the early stages of Alzheimer’s disease, and her children. She was spending all of her time caring for her father and children and had forgotten to take care of herself. Due to her father’s illness, he was frequently verbally and physically aggressive, giving her one more troubling thing to deal with.

During the first session, the woman explained that she wanted to focus on herself more. She had dreams of going back to school and completing her degree, spending more time with her extended family, and becoming more socially active. From most traditional therapeutic approaches, this would require a lot of work for the therapist and client alike. Instead, while working from a solution focused perspective, the social worker remembered that all that is required is for the client to do one small thing differently and she encouraged the client to do so. The client then came up with a great idea: She decided that instead of serving her family dinner as she normally would, that week she would simply prepare the meal and require the family members to serve themselves.

When the client returned the following week, she reported that the entire family were now feeding themselves, which allowed her more time for herself. By the end of treatment (five sessions), this amazing woman had returned to school and had begun spending time with her friends. Yet neither of these changes were the most remarkable that she experienced. She reported that the Alzheimer’s symptoms in her father began to change. Her father was no longer being aggressive, which allowed her to leave him in the care of a nurse while she was in class or spending
time with friends. This story illustrates the ripple effect of SFT. Once the client did something different, in this situation allowing the family to feed themselves, she was able to experience her own independence and impact the independence of her family. This ripple effect included her father; once he was able to feel trusted by the client, then he was able to gain further control of the symptoms associated with the illness that was troubling him.

The Solution Is Not Necessarily Related to the Problem

Because there is limited or even no time spent examining the situation that led someone into counseling in SFT, oftentimes the solution is not related to the problem. Instead, the solution is related to the client’s desired future. In this way SFT therapists work backwards as the client’s real life is carefully examined, searching for the presence of this desired future (de Shazer et al., 2007).

Steve and Jane were a couple in their early 30s that attended therapy because their marriage was struggling. After years of difficulty, Jane had an affair with a man she met on the Internet and was now confused about what she wanted for her future. She had feelings for this other man but was not sure that she wanted to end her marriage. Almost every other therapeutic approach would have examined a number of problems:

- What led to Jane searching for something else?
- What was she looking for?
- What risk factors have been present in the marriage that allowed for trouble to occur?

These questions, and others like them, are common problem-focused questions. The therapist could also have chosen to teach the couple what a healthy marriage looks like, according to research. These are all therapeutically appropriate approaches and would have led to a solution that is very much related to the problem.

However, SFT utilizes a different approach and leads to a different type of solution. Instead of asking any of the problem-focused questions referenced above, or teaching the couple how to have a healthy marriage, the couple was asked to describe what their marriage would be like without the problems that led them to therapy. The answer was nothing short of amazing. Jane began to smile and described a sensation that became the catalyst to their new marriage, a catalyst that had nothing at all to
do with their problem. She explained that she really enjoyed the feeling of having the bed made up while she was lying in it. The soft pleasant sensation of the sheets gently falling on her was what she would like to see occurring in their future. For an hour other details were discussed: passion would be present, trust would reemerge, and chores would be shared. At the end of the hour when asked what changes the couple would be making first, it was the bed making that Jane requested. Steve agreed to do this for a week and the session ended.

At their second and final session, the couple reported that their marriage had completely changed and that this one act had led to many other changes such as the other details discussed in the first session. That small change allowed each spouse to feel important to the other, allowing them to meet the other spouse’s needs more consistently. Almost two years after their last session the couple contacted me and reported they were still happily married and that Steve was continuing to make the bed with Jane in it.

The Language for Solution Development Is Different From Language Needed to Describe a Problem

Albert Einstein once said that you cannot solve a problem with the same thinking that created it. SFT adds to this that the language must be different as well. For example, take the difference in these two statements:

I have to go to work tomorrow.

I get to go to work tomorrow.

The conversation surrounding the first statement is negative; the second is positive. Ironically, we use such negative language every day without giving much thought to its impact.

People come to therapy making hopeless, negative statements such as the one listed above. They say things like, “I am depressed.” Our task is to insert a bit of hope into that statement, such as, “So, you struggle with depression” or “You are depressed right now.” These slight changes in the language invite hopefulness into the room and this hope elicits other language changes. In her book Solution Focused Group Therapy (1998, p. 9), Linda Metcalf illustrates this point by using a table comparing problem descriptions and solution perceptions. Table 1.1 offers a similar comparison.
By talking in a solution focused perspective, we invite our clients to begin to think of solutions instead of allowing the problem to become who they are. We also inject hope into a situation that may not have had any for some time.

No Problem Happens All of the Time; There Are Always Exceptions

This tenet builds on the previous one. One of the most important aspects of the SFT approach is the search for exceptions and the utilization of exceptions once found. The exceptions are often small and may occur outside a person’s awareness of the problem, but once located and amplified, can grow and become more powerful. Also, these times lead to the discovery of hidden talents that can, and often do, lead toward solutions.

I once heard a story about how basketball star Michael Jordan discovered his hidden talents. As a collegiate star, and later while playing for the Chicago Bulls, Jordan earned a reputation as a tremendous scorer but not much of a defender. Jordan, a master of turning his perceived weaknesses into real strengths, met with his coach before one season to discuss his defensive abilities. His coach asked him to list the skills and attributes he possessed that made him a prolific scorer. Jordan stated that he was competitive and possessed quick hands and feet, aggression, leaping ability, and so forth. The coach then asked Jordan what he thought it would take to be a strong defender. Jordan realized that the

### Table 1.1

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Solution Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defiant child</td>
<td>A child that enjoys thinking independently.</td>
</tr>
<tr>
<td>Relationship discord</td>
<td>An undesirable pattern of interactions has developed based on differences as opposed to the previous desirable interactional pattern based upon similarities.</td>
</tr>
<tr>
<td>Depression</td>
<td>A feeling of sadness that, at times, interferes with your ability to experience happiness.</td>
</tr>
<tr>
<td>Addictions</td>
<td>A habit of continuing a behavior that is not working for you.</td>
</tr>
</tbody>
</table>
same skills he used to score at a record’s pace could be used to excel as a defender. With this new perspective he went on to win the NBA Defensive Player of the Year Award that season and made the NBA all-defensive team nine times. There are always times when the problem is either not present at all or present in a less severe way. These are the times that should be explored and amplified.

The Future Is Creatable

This is the optimistic part of SFT. When people are not viewed as trapped, but instead are seen as stuck and possessing all of the tools they will need one day in the future to become unstuck, the future is seen as a hopeful place (de Shazer et al., 2007).

While recruiting practitioners for this book, I had the pleasure of talking to Ron Warner, a social work professor at the University of Toronto and founder of the SFT certification program at the same school (see chapter 19). I told him that Linda Metcalf and I hoped to identify common themes that exist among people that utilize the SFT approach. Without hesitating, Dr. Warner said that in his opinion, SFT practitioners have an undying belief in a person’s ability to have a new future. This optimistic view of clients, and the world, leads practitioners to continue to follow the client as they describe their future without the problem, with the hope that the future can be created.

KEY POINTS IN SFT

From my own studies and practice, are a few points that I believe are key to effectively using the SFT approach:

Use the Phrases “Let’s Suppose” and “Instead of That Problem” to Open Possibilities

I once watched a tape of Insoo Kim Berg conducting a workshop and she made this statement: By saying “suppose,” we are inviting the client to imagine. Since SFT is a future-focused approach, imagination is crucial. Clients begin to imagine the future without the problem when asked questions that begin with “suppose.” Also, SFT focuses on the presence of the solution and not the absence of the problem, which is often new to our clients. By asking someone what they would like to feel instead of the
problem, we invite the client to think about the presence of the solution, opening the door for the solution focused questions to be effective.

The Client Is the Expert

This is not always easy to remember. I once attended a conference where Michael White, the codeveloper of narrative therapy, explained how important he felt it was to allow the client to be the expert. During one of his workshops, he showed a tape of his work with a young woman. One of the attendees asked Michael why he did not compliment the client despite many opportunities to do so. I will never forget watching Michael think for a moment and respond by explaining that if he compliments, then he assumes the expert role, hindering the therapeutic process. Instead, he compliments with curiosity and questions.

Do Not Hypothesize

Steve de Shazer frequently referred to the act of hypothesizing as a disease. Due to the nonexpert role of this approach, once we begin to think we know something about the client then we must work hard to not know something, as it will get in our way of hearing what the client wants to change. The SFT approach is about cooperating with the client’s reality, not attempting to understand it. This allows the therapist to follow the client where the client would like to go instead of following the therapist’s hypothesis about the client.

Be Tenacious When Searching for Details About the Client’s Desired Future and Exceptions to the Problem

Whenever I watch a session conducted by one of the gurus of the SFT approach, I am struck by their tenacity. This is an approach that gets as much detail as possible about the client’s goals through questions such as, “What else would you notice?” or “Who else will notice?” Until these details are explored thoroughly, the therapist does not proceed.

Go Slow

This is true in the actual session, as well as in treatment as a whole. Asking clients to describe their lives when things are “slightly” better instead of when the problem is completely solved is a helpful way to accomplish
also, because so much of SFT’s effectiveness can be attributed to clients beginning to think about things they either have not thought about before or have not thought about in a while, silence is often important. This visualization of the future on the client’s part requires the therapist to wait for the client to think and answer the questions about the key details of the solution instead of rushing toward a solution.

Maintain a Respectful and Curious Stance

The solution focused therapist will gently invite the client to think differently about his or her situation by being curious about the client. Respecting the client’s situation is crucial; clients typically come to treatment when their problem is at its worst. By respecting that and saying, “That sounds so difficult. What would you like to be experiencing instead?” the therapist conveys to the client that the therapist has a genuine curiosity about the client’s solution.

When Discussing the Client’s Desired Future, Use Presuppositional Language

There is a big difference between saying “if your miracle occurs” and “when your miracle occurs.” There is a big difference between saying “Has anything gotten better?” or “What has gotten better?” When using the SF approach, presupposing a positive future through the use of language is a useful tool for helping the client discover his or her exceptions.

Simplify

When she was asked what she was most proud of in regard to SFT, Insoo Kim Berg often replied, “Its simplicity.” When attempting to examine and understand a problem, things rapidly get worse and more complicated. Once you begin to focus on solutions and ask the client what he or she would like to accomplish, the opposite occurs. This approach simplifies everything.

SOLUTION FOCUSED TECHNIQUES/PROCESSES

Whenever I am at a workshop on SFT, either as an attendee or as the presenter, there are always questions related to the techniques. Attendees
want to know when to use them and how to use them effectively. I honestly feel that these are questions that cannot be answered, because therapy is such a subjective process based on a relationship between two people. These are difficult questions since solution focused therapists don’t see SFT as having techniques that they use on people. Instead, SFT is a way of thinking and being curious with clients. It is the process of SFT that is flexible and applicable to what the client wants to talk about and explore. The questions follow where the client takes the therapist. However, in an effort to answer questions about techniques, I have found it helpful to place the techniques/processes into the several categories that follow.

**Future-Focused Questions**

These questions invite the client to imagine a future without the problem. This is key in practicing SFT, as the goal for therapy is developed as the future is envisioned. The most famous future-focused question is the miracle question, which appears below, but this is not the only future-focused question used in the approach. Here is the miracle question and some further examples:

Suppose while you were sleeping tonight, a miracle occurred that completely removed the problem that led you to therapy. Since this miracle occurred while you were sleeping, you don’t know that it happened. What would be your first, smallest clue that something miraculous occurred while you were asleep?

What are your best hopes for this therapy?

Suppose when you woke up tomorrow, your marriage was back to the way it was when you both were at your happiest. What would you be able to do that is not happening now?

**Exception-Finding Questions**

These questions are used to identify times when the problem is either solved or not as severe. These types of questions are key to practicing SFT. Once an exception is identified, the client has the opportunity to learn more about when and how the exception occurs.

When are the times when a small piece of your miracle is already happening?
When are the times when your confidence is high and you feel you will accomplish what you wish?

When is your marriage at its happiest?

**Assessment Questions**

The most popular question of this type is known as the scaling question. The scaling question allows for the client and therapist to have a conversation based upon the client’s assessment of progress. Also, this allows the client to track progress between sessions.

On a scale of 0 to 10, with 10 being the day after the miracle occurs and 0 being the worst it has ever been, where would you say you are today?

On that same scale, where would you like to be at the end of successful treatment?

What things could you do between now and the next time we meet that would move you up the scale just a half of a point?

**Attribution Questions**

These types of questions are often referred to as coping questions but I prefer to call them attribution questions. This is because I hope to learn more than just how the client coped with the problem: I hope to identify what attributes the client possesses that will be helpful in accomplishing their goals.

How have you been able to survive the problem for this long?

So, you were able to move up your scale this week two points? Wow, how did you do that?

What attributes do you have that allowed you to move up the scale this week?

**SUMMARY**

SFT is a model that is very different from almost all other psychotherapy models due to the focus on the presence of the solution and not just the
absence of the problem. To be effective with this approach, a therapist must have an understanding of much more than just the techniques. The practitioner must understand the key tenets so as to see if it is an approach that fits the practitioner. Once it is determined that this approach does fit the therapist’s personality and theoretical beliefs about the therapy process, then all that remains is for the therapist to trust the model and allow the client to guide them both through the therapy process. By utilizing SFT questions and ideas along the way, the journey of therapy together becomes full of possibilities.

REFERENCES