

2nd INTERNAL TRAINING AND RESEARCH CONFERENCE
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Brief Therapy

Presented by Dragana Djukic

“Brief therapy’ simply means therapy that takes as few sessions as possible, not even one more than is necessary, for you to develop a satisfactory solution.”

Steve de Shazer

- The unique feature of Brief Therapy - often called Solution Focused Therapy - is that the therapeutic work is focused on solutions, not problems.
- The SFT model was developed in 1970s by Steve de Shazer and his wife Insoo Kim & the team at the Brief Family Therapy Center in Milwaukee, Wisconsin.
- Over the years the model has evolved through clinical practice.
- SFT belongs to the constructionist school of therapies.

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Content:

Part One: Basic philosophy of brief therapy

Part Two: Essential features

Part Three: Structure of sessions

Part Four: How the principles of psychosynthesis theory can be used in the practice of brief therapy

Part One: Basic philosophy of brief therapy

- 1. Every client is unique**
- 2. Clients have the inherent strength and resources to help themselves**
- 3. Nothing is all negative**
- 4. There is no such thing as resistance**
- 5. You cannot change clients; they can only change themselves**
- 6. Brief therapy goes slowly**
- 7. There is no cause and effect**
- 8. Solutions do not necessarily have anything to do with the problems**
- 9. Emotions are part of every problem and every solution**
- 10. Change is constant and inevitable; a small change can lead to bigger changes**
- 11. One cannot change the past so one should concentrate on the future**

Part Two: Essential features

Five different categories of questions:

1. A pre-session change question asks the client to reflect on what change may have already occurred between the time he made the appointment and the first session.

“What has changed since you called and made the appointment?”

2. The miracle question helps the client describe what his life will be like once he solves the problem.

“Imagine when you go to sleep one night a miracle happens and the problems we have been talking about disappear. As you were asleep, you didn’t know that a miracle had happened. When you woke up, what would be the first signs for you that a miracle had happened?”

Circular questions:

”Who will be the first person to notice a miracle has happened?”

“How they will react?”

”What difference will that make to you?”

”How will your friend behave now that the miracle has happened?”

3. Exceptions questions engage the client to look at times when the problem was not present or was being managed better.

“Can you think of time in the past that you did not have a problem?”

4. Coping questions remind the client that coping is a form of change. Their aim is to bring out the client’s strengths and resources.

“When you are so depressed, like you are describing, how do you manage to keep doing all these things you have been doing?”

5. Scaling questions are used to transform the intangible to the concrete.

“On a scale of 0 to 10, with 10 representing the best it can be and 0 the worst, where would you say you are today?”

- What would need to happen for you to move up one point on the scale?
- When you move up 1 point higher, what would your best friend (mother, boyfriend, etc) notice that will tell him/her that you are doing a little bit better?

Part Three: Structure of sessions

The First Session

1. Form a working relationship

Respecting and joining with the client's goals is a core SF value.

2. Create a climate for change

The SF approach assumes that change is inevitable.

- A pre-session change question

3. Clarify the client's goals

- The goal must be important to the client.
- Keep goals small and achievable.
- Make goals concrete, specific and behavioural.
- Goals are framed in positive terms.
- Goals are expressed as beginnings rather than endings.
- The goals are realistic and achievable within the context of the client's life.
- The client sees the goal as involving "hard work".

Solutions can often be **different** to goals.

4. Discover the client's resources

- Exceptions questions

5. Explore tasks

- Notice task
- Do something different
- Pretend tasks

Second and Following Sessions

1. Strengthen constructive change

The purpose for each successive session is to access change and to help to maintain it so that a solution can be achieved.

“What’s changed, what’s better or what’s different since the last time you were here?”

2. Review task performance

The task has to fit the client in his context at this time and his life.

3. Construct solutions

The aim is to design solutions that fit with the client’s preferred strategies.

- Revisiting the miracle question
- Exploring past suggestion
- Scaling

4. Develop new strategies for change

The aim is to build on what the client is doing already to help him take the next small step towards his goal.

Failure can provide opportunities for learning.

- “Do you think that we need to do something different?”
- “Do you feel our goals are still realistic?”
- “How did you manage to stop things getting worse?”
- “How did you cope despite the problem not improving?”

5. Continue to deconstruct the problem

- Reframing
- Externalisation
- Testing construct – testing assumptions.

6. Evaluate and plan the ending

Ending should be on the agenda from the beginning.

- Distinguish between therapy goals and life goals.
- Therapy is the beginning of a process that does not demand the therapist be there at the end.

Part Four: How the principles of psychosynthesis theory can be used in the practice of brief therapy

The core principles of psychosynthesis:

1. Disidentification
2. The personal self
3. The will: good, strong, skilful
4. The ideal model
5. Synthesis (in its various aspects)
6. The higher unconscious
7. The transpersonal Self

The act of will - stages:

* Vision

1. Purpose, Aim, or Goal, based on Evaluation, Motivation, and Intention
2. Deliberation
3. Choice and Decision
4. Affirmation
5. Planning and Working Out a Program
6. Direction of the Execution

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Recommended books:

Bill O'Connell: *Solution-Focused Therapy*

Eve Lipchik: *Beyond Technique in Solution-Focused Therapy (Working with Emotions and the Therapeutic Relationship)*

The Miracle Question

by Steve de Shazer

I think my (our) initial mistake was to call it “the miracle question” when it has never been just a simple question. Rather, its purpose was to shift the conversation quickly and easily into the future when the problems (that brought the client to therapy) were gone. That is to say, the “question” itself was never as important as the client’s response. Over the years of dealing with the wide variety of client responses I have somehow sort of learned how best to respond to their responses. In part, I learned this from watching how Insoo Kim Berg responds to her clients’ responses. Further, I learned this from watching how other therapists’ responsive behavior did not lead to the kind of miracle picture Insoo’s clients were able to develop. So here is a sketch of the pattern that I have worked out.

Part One

“I have a strange, perhaps unusual question, a question that takes some imagination ...

[Pause. Wait for some sort of signal to go ahead with the question.]

Suppose . . .

[Pause. The pause allows clients to wonder what strange and difficult thing I might ask them to suppose.]

After we finish here, you go home tonight, watch TV, do your usual chores, etc., and then go to bed and to sleep . . .

[Pause. Pretty normal, everyday stuff. Not so strange after all.]

And, while you are sleeping, a miracle happens . . .

[Pause. The context for this miracle is the client’s normal, everyday life. This construction allows for any kind of fantastic wishing.]

And, the problems that brought you here are solved, just like that! . . .

[Pause. Now the focus is on one particular miracle that is in line with his or her coming to therapy.]

But, this happens while you are sleeping, so you cannot know that it has happened.”

[Pause. This is designed to allow the client to construct his or her miracle without any consideration of the problem and without any consideration of the steps that be or might have been involved.]

“Once you wake up in the morning,

a) how will you go about discovering that this miracle has happened to you?” or,

b) “how will your best friend know that this miracle happened to you?”

[Wait. The therapist should not interrupt this silence; it is the client’s turn to talk, to answer the question. In fact, when the client’s response is “un-reasonable” (in

the therapist's view) the therapist's most useful response is to continue his/her silence which gives the client a change to "fix" the response, to make it more reasonable.]

[Many clients, particularly adolescents, find it easier to describe the day-after-the-miracle from the perspective of other people. The individual's perspective is then dealt with in Part Two.]

Part Two

- a) "How will your best friend discover that this miracle happened to you?" or
- b) "how will you discover that this miracle has happened to you?"

Part Three

"When was the most recent time (perhaps days, hours, weeks) that you can remember when things were sort of like this day after the miracle?"

Part Four

On a scale from 0 to 10, with 10 standing for how things are the day after the miracle and 0 standing for how things were at the point you called to arrange this appointment, where — between 0 and 10 — are you at this point?"

[This "progress scale" is designed to help both therapist and client figure out where the client is in relation to his/her goal(s) for therapy.]

"On the same scale, where do you think your best friend would say you are?"

"On the same scale, where would you say things were when things were sort of like this miracle day?"

Part Five

(The opening question in second and later sessions.)

"So, what is better?"

["Better" is a construction and this is designed to remind both therapist and client that one of the goals in these subsequent sessions is to help the client describe things as "better." Failure to begin the subsequent sessions with this question undermines the value of the other four parts.]

Part Six

(The "progress scale.")

"Remember that scale where 10 stands for the day after the miracle? Where would you say you are today on that scale?"

[It seems more useful to ask about this without reminding the client of his/her previous rating. If the question is asked this way: "Last time you were at 3, where are you now?" Clients tend to respond with "3" and they tend to respond to the open version with a rating "higher" than that they gave in the previous session.]