



Solution-Focused Therapy – More Approaches

Written by Paul Myszor for the Uncommon Knowledge [Hypnotherapy Training Course](#).

This handout comes later in the hypnotherapy course as a follow-up to an earlier session on solution focused approaches.

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Solution focused therapy: further notes

The session from week one gave you enough to begin to use [solution focused therapy](#) skills successfully. The purists in the field would say that this is all you need, but having extra tools in your toolbox can help you to develop as an even more creative practitioner.

Solution focused therapy is about effecting the desired change in the least time possible. For some people this might be one session, for others six and for a few exceptional cases more than twenty. It's a case of as many sessions as are needed but no more.

Pre-session change

You don't want to waste the therapeutic possibilities inherent the time between making the first contact phone call and the session itself. During the initial call, you may want to set a task:

"I operate on the idea that nothing is constant, and things may not be easy for you at the moment but at the same time there will be times that things are just that little bit easier. Between now and when we first meet I would like you to pay particular attention to those times that you are a little better able to cope, in a way that you can tell me about it when we first meet."

Clients may also be invited to write such thoughts down.

The client may have already made a big shift by calling you (see later section on stages of change); this process enhances and develops those first steps.

Specific questions after the first session

- "What from the last session was particularly helpful?" Asking for direct feedback about the content of the session is simple

- but extremely powerful. Remember, we are always trying to maximise the effectiveness of each session
- “Were there any glimpses during the last week of the first stage of the miracle happening?” Notice that the language is implying “small changes” rather than a radical transformation.
 - “In the last session you told me that you were at 4 –where are things now?” If positive then start enquiring about how this happened, who noticed and so on.
 - Checking out goals: have these changed or been revised since last time? Clients may revise downwards, or set sub-goals, as they start to notice solutions emerging. A more important goal may have arisen instead.

What else?

Don't underestimate these two words. Facilitating change can be in the detail of the client's answers.

“So what will be different when you're at 6 and not 5? What else...? What else...? What else...? What else...?”

“When you did that what qualities did you draw on...what else etc...”

The really useful answers may often only emerge after the 4th or 5th “what else.” Keep your nerve and keep asking.

If the client says “don't know” a number of times

Some possible responses:

- “It's a hard question I know”
- Wait 6 seconds; if you can manage it, more. It depends how comfortable you and the client are with silence. Often the client will respond, as though thinking time is needed.
- “Suppose you did know – how would things be different?”
- “Pretend you do know.”
- Just accept it and look for a more useful question.

GEMS

If you're in the middle of a session and get stuck, (help, what do I do next?) this acronym might help:

- Goals
- Exceptions
- Miracle question
- Scaling

You may wish to visualize your own favourite gem as an anchor.

Some possible pitfalls

As we learn new skills they may at first be clunky and feel mechanical: think about learning to drive for instance. You are aiming for a seamless flow of dialogue with the client but this won't happen overnight:

A monk has just joined the monastery and it is his first time at lunch. He is pleasantly surprised by the amount of food and drink and is speculating this is not such a bad life after all. Suddenly there is a banging on the table and one of the monks stands up gets everybody attention and then says: "32!" All the monks fall around laughing, whilst the novice looks bemused. After the laughter subsides another monk gets to his feet, pauses, then says "19!" There is even more hilarity than before. The novice asks the senior monk just what is happening. "We are a mostly silent order and prefer to be sparing with our words. All the jokes are written in a large book in the library, and all the jokes are numbered. Everyone knows the jokes by heart and it is enough just to say the number"

The novice decides to have ago. He bravely gets to his feet and says: "45!" There is dead silence. "What did I do wrong?" The senior monk replies: "Ah, It's the way you tell them!"

Doing SFT “by numbers” is a necessary learning phase. As soon as you can, try to make it your own and integrate the techniques into your own unique evolving style. SFT should not be a mechanical process but a flowing conversation to which you bring your own personality and quirks. If it feels uncomfortable, change the way you do it to fit your own style.

Other pitfalls:

- Being “solution forced”: pushing the client towards an answer or solution before they are ready
- Being “problem phobic”: the client needs to have their story heard and acknowledged, and if that hasn’t happened then they will return to it.
- “Pollyanna syndrome” – trying to be excessively positive on behalf of the client – too much positive reframing is not necessarily good if it breaks rapport.
- Goals are not well formed. It is vital to get the clients goals in clear observable terms which can be objectively verified. Goals should be in terms of what the client does want rather than what they don’t. The goal should be realistic: it may need revising in subsequent sessions.

Solution focused externalisation techniques

A person’s identity may be closely bound with the problem. By externalising we create “space” between the problem and the person – the cracks that let the light in.

The problem is personified; we can then use SF questions:

- “Are there times when [Depression](#) doesn’t push you around so much.”
- “How did you manage to outwit Anger yesterday.”
- “On a scale from one to 10 how confident do you feel about winning the war against Piggling Out.”

- “What will it be like when Jealousy can’t whisper in your ear anymore.”
- “When Anorexia lies to you are there times when you manage to disbelieve him/her/it.”
- “What kind of qualities/resources did you draw on to defeat Fear that day?”
- What kind of person could crush Addiction in the way that you did?”

Interviewing the Problem: the client may sit in a different chair and become the externalised problem. Clearly this requires a certain imagination and may not suit everyone. The therapist then interviews Mr/Ms Problem like an investigative journalist finding out about he/she operates:

- How long have you been at work?
- What are your intentions?
- What do you think of the client?
- How long are you going to be around?
- Do you enjoy your work?
- What do his/her friends think about you
- Do you push other members of his/her family about as well?

“Problem” may be bold and boastful but the therapist/journalist is after the real story: “Yesterday I heard that Jane/John got the better of you. Can you confirm or deny this story?”

Much of this can later be used in hypnotic work: the client can be asked to visualise doing battle with Problem and defeating it.

If clients are on medication for the problem

This could remove the sense of personal agency as the client may feel that the drug is doing all the work. However a kind of scaling question may be useful here:

“What percentage of your success yesterday do you think was due to you and how much to the Prozac? Next time there might be a way of making more your doing and less the medication”

Playful ideas and experiments

With acknowledgements to Matthew Selekman.

The time machine

“If you had a time machine which time period would you go to?” This is a rich and creative question which can yield a number of possibilities:

- More information about the client’s interests and enthusiasm - “back to the time when the Penny Black was issued”; “to the future when we will all be linked to the neural grid.”
- Resource identification – “When I won the scripture prize in Mrs Smiths class”
- Regret – “when I said yes to my future husband so that I could change it and say no”; “to have gone to my father’s deathbed and told him I loved him.” Hearing these kinds of stories, which are more negative, we then have a chance to consider new futures. There is a risk of being hi-jacked into problem saturated stories so proceed with caution.
- To a time when a trauma could have been prevented – this gives an opportunity to use [The Rewind Technique](#)
- A future time: may be used to identify [goals](#) – another form of the miracle question.

Imaginary useful machine

“I’d like you to think of some kind of helpful machine that might have some way of assisting you with your problems. It could be in one or more places, or might be portable.”

A woman conjured up a “chill machine” which was installed in her basement. You stepped through it and it had green lights with a relaxing sort of hum. After filling out the description she decided that her son and husband would also benefit. I taught her some [relaxation techniques](#) using some of the imagery she had provided to great effect.

A teenage boy had a sort of anger radar in his pocket which beeped, so that only he could hear it. It gave him an early warning signal so that he could dig himself out of a difficult situation and do his 7:11 breathing.

Super sleuth

Imagine you are a Solution Detective – you could invoke your favourite sleuth to find a solution to your problem

Do something different for 5 minutes a day

Doesn't matter what it is (as long as legal and safe) – it is the regularity of the practice: try and read upside down, see how far you can stick your tongue out, investigate a hidden corner of your house, stand on the table. When practised with other people it may help to break a pattern; also good for couples in therapy.

Give someone a pleasant surprise

Practise random acts of kindness!

The compliments box

For use with couples or families. A special box is set up in the home and members encouraged to post complimentary comments about each other. These are taken out at the end of the week and read out in a group.

Self-change model and theories of change

Prochaska and Di Clemente (1983) evolved a model of change that seemed to apply well to all therapy systems:

Pre-contemplation: the client does not recognise that they have a difficulty and will blame others: *“it’s your problem not mine.”* People may be in this stage because they are lack awareness or they may have tried to change a number of times and become demoralised about their ability to change. Both groups tend to avoid reading,

talking or thinking about their problems. They may be characterised as resistant or unmotivated or as not ready for any intervention.

Contemplation: the client starts to recognise that they have a problem and is the stage in which people are intending to change in the near future. They are more aware of the pros of changing but are also acutely aware of the cons. This balance between the costs and benefits of changing can produce profound ambivalence that can keep people stuck in this stage for long periods of time.

Preparation: is the stage in which people are intending to take action soon. They may have made that initial phone call to you and have turned up for the first session. These individuals have a plan of action, such as consulting a counsellor, talking to their doctor, buying a self-help book or relying on a self-change approach.

Action: clients have committed to a course of action and have taken steps to change their behaviour, modifying thoughts and feelings. They may now have a sense of timescale, how long the change process may last.

Maintenance: clients are working at keeping the changes going; it is important not to allow relapse to take place.

Relapse: is possible and may be of different degrees of severity. Ideally people can move back into the action phase as soon as possible.

It may be useful to identify what stage your client is at. Some SF strategies are particularly useful at certain stages:

Pre-contemplation and contemplation. Sometimes the client may be working with you because they have been pressurised into this by a partner, friend or family member; in reality their motivation for change is really quite limited – it might even be that they don't have a problem! One useful question could be: "what could you do to get X off your back." Rapport building with someone at this stage is

especially important. If someone is at this phase then don't waste the Miracle Question on them yet.

Preparation. The full range of strategies probably wouldn't go amiss though building on strengths and resources is particularly important. Looking at exceptions and what has worked in the past is also useful. Identify initial goals

Action. Really getting clear and realistic goals is important at this stage. A good time to use the MQ.

Maintenance. Scaling the changes, emphasising small positive changes, checking that the goals are still valid.

Relapse. If this does happen then the coping questions from week one are particularly useful: eg "how did you stop it getting worse?"

If this model is helpful use it; if not forget it! It is a map that may help us make sense of where our clients are.

Investigating the clients own theory of change

You may or may not want to go down this route. Here are some interesting questions (acknowledgements Matthew Selekman):

- "What have former therapists overlooked in your situation that we need to address or resolve"
- "If you were to work with the most perfect therapist what would they help you with first"
- "Have you got any hunches about why this is happening?"
- "Generally, how would you say that people make changes in their lives?"

What enhances good conversations

(With acknowledgement to [Bill O'Hanlon](#))

There are endless numbers of these in the [counselling](#) world. Here are a few of my favourites:

- Being curious and open to learning from the client
- Playfulness
- Hearing and validating the person's story and feelings
- Assuming positive intent (when a situation can be read in two different ways take the persons intentions as positive rather than negative)
- Ums, ahs, listening with the body
- Allowing contradictions and mess to exist without wanting to fix it
- Respecting boundaries and confidentiality
- Humour
- Suspending judgements

What stops good conversations

- Having made your mind up about the problem early on – have a working hypothesis but be flexible
- Identifying the person as their problem
- Assuming negative intent
- Wanting to tidy up mess and contradictions
- Thinking about what you're having for dinner tonight
- Violating boundaries, trust and confidentiality
- Being formulaic and mechanical
- Guessing at someone's thoughts (mind-reading) and working on that basis
- Overtly judging and disqualifying the person's story and behaviour

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