'SOLUTION-FOCUSED THERAPY: A SOLUTION DRIVEN MODEL FOR CHANGE'

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Solution-focused therapy

Solution-focused therapy (SFT) is a counseling model that puts the client into the driver's seat as an expert of self-care. Endorsed by a wide range of health care professionals, SFT is a brief model of counseling that incorporates certain key assumptions that flavor all counseling interaction. Perhaps the most interesting of these include a belief that understanding all components of a problem is not essential before resolution can begin; clients are capable of making change and experiencing solution behavior very early on in the counseling process; change is contagious and once identified, labeled and reinforced, often triggers more change; and helpers are in the unique position of being enablers of change by recognizing, reinforcing, amplifying and complimenting it for clients.

There are a wide range of counseling models that health care providers can employ in the treatment of individuals who present with a variety of health issues, and often one subscribes to an approach for an assortment of reasons. We particularly support this model because of its emphasis on solutions rather than problems, its recognition of and reliance on clients' strengths, capabilities and resources, its compatibility with client-centered/patient-centered practice, and its collaborative nature. Essentially, the model espouses the belief that clients hold the answers to their problems, that they are the experts, and that our job is to structure our consultations around this core conviction.

We do this by using language, expressions, phrases and questions that are unique to SFT. At the onset, assuming a "not knowing" posture with clients means that essential basic counseling skills are employed to help a client express concerns. Relying on such skills as paraphrasing, repeating client key words, complimenting client strengths and observations, open-ended questioning, summarizing, and reflecting back what we have heard help the client begin to identify issues, resources and pieces of the solution. It is imperative that the helper suspends judgment, assumptions and perceptions on what drives a client's problems because this has the potential of making us, versus the client, the "expert". From the onset, our job is to work collaboratively while reinforcing the core belief that a client holds the answers to his problems, and we begin this process by "not knowing", by shelving our expert status and consistently demonstrating through our questioning that the client knows what is indeed best for him.

Questions in SFT

There are 5 distinct categories of questions in SFT and they are known as presession change questions, miracle questions, exceptions questions, scaling questions and coping questions. The acronym **MECSTAT** captures the essential components of SFT and is particularly useful to new learners of the model as they embark on using this counseling approach with clients. M-E-C-S are reminders to ask miracle, exception, coping and scaling questions. In order to understand the model, it is essential to gain a grasp of these categories of questions. Before embarking on MECSTAT, however, the client is asked a **presession change question** , an invitation to reflect on what change may have already occurred between the time the appointment was booked and the actual

consultation. Often, the task of "booking an appointment" cues an individual to begin to think about a problem and perhaps engage in change behavior. By asking pre-session change questions, the client is introduced early on to pre-suppositional language, words and expressions that suggest change is imminent, possible, and in the client's control.

The **Miracle** question asks a client to dream that while asleep, a miracle occurred and the presenting problem is no longer apparent. In its absence, what will the day look like, we wonder? This encourages a client to look outside the box of the problem and begin to reflect about what life will look like when the problem is absent or less severe. It is not very long before a goal picture emerges, one that is strengthened with questioning that uncovers a goal that is concrete, in the client's control, suggestive of "beginning" and the presence of something different, and doable. **Exceptions** questions are then employed to unearth recent exceptions to the problem, and with the exceptions we illuminate client resources and successes. We respond to exceptions with **Accolades** , compliments that empower clients by highlighting strengths, reinforcing client control over change, and affirming the client as expert. Once exceptions are elicited, a take home **Task** is tied into the exception, and might include something like "pay attention to times when exceptions occur, and note what is going on or different". This does several things: it reinforces any small but salient engagement in change behavior; it highlights times when change is already happening; and because we know that small change leads to more change, it can potentially escalate change.

Coping is a form of change, and **Coping** questions remind a client of this, particularly when life appears bleak and bereft of anything positive. These kinds of questions fortify coping behavior in the face of despair, and help the client continue to uncover exceptions and differences in trying times. **Scaling** questions help transform the intangible to the concrete, and are useful when attempting to measure problem severity, commitment to change, confidence and progress. Using a 10 point scale to put a face on behavior enables a client to think aloud of the steps he can take to move up the scale, and is yet another strategy that reinforces the client as knowledgeable about the kinds of things needed to be done to bring about more change.

The T-A-T of **MECSTAT** speaks to **Time-out, Accolades** and **Task** . **Time-out** is used by the practitioner to reflect on a consultation so that feedback can be provided to the client that optimizes strengths, the **Accolades** that serve once again to compliment success and exceptions, and reinforce participation in more change behavior. **Time-out** can take the form of a consultation with peers who have been watching the interview, or a brief physical or mental time-out. As for the **Task** , it serves the purpose of encouraging the client to focus on times of exception, and is yet one more strategy that is designed to emphasize participation in change of any magnitude.

SFT is a model of counseling that sees the glass as half full, and employs language and questions that are hopeful, optimist, and supportive of the client as "knowing what is best". With the exception of certain contraindications, including life-threatening circumstances, it has great potential for use in a wide variety of presenting physical and mental health problems, and is a brief therapy model that is unique in its primary focus on solutions.

References

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