Third Edition

Solution-Focused Therapy

Bill O'Connell

Brief Therapies Series

Series editor: Stephen Palmer
Associate editor: Gladeana McMahon

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Solution-Focused Therapy

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To Moira, *cariad*

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About the Author

Bill is currently the Director of Training for Focus on Solutions, an independent training agency specialising in using the solution-focused approach. He has introduced many thousands of people to SFT through his lecturing and training courses.

His background is in social work, youth work, lecturing, counselling and management. Bill designed and led the first Master's degree in Solution-Focused Therapy offered by the University of Birmingham.

Bill is a Fellow and Senior Accredited Counsellor of the British Association of Counselling and Psychotherapy.

He is the author of *Solution-Focused Therapy* (1998, second edition 2005); *Solution-Focused Stress Counselling* (2001) and co-editor of *The Handbook of Solution-Focused Therapy* (2003). Bill has contributed numerous book chapters and journal articles on the solution-focused approach.

When he's not working he loves the company of his grandchildren; is a keen – but not very good – golfer; and a life-long supporter of Glasgow Celtic.

Foreword by Harvey Ratner

Solution-focused therapy is a form of brief therapy that was first developed in the United States in the 1980s. It made its entrance into the UK towards the end of that decade and since then thousands of therapists and counsellors in statutory and non-statutory services have been attracted to short training courses to learn how to use the deceptively simple methods of the approach. The story of its growing popularity has been repeated in many other countries in Europe and further afield as more and more practitioners define their principal approach as solution-focused brief therapy.

There are of course many different reasons for this therapy having become so well-known over the years. Among its attractions, to judge by evaluation forms from training courses, is not only the practical nature of the techniques but also its client-centredness, specifically its focus on competency and strength in clients rather than their assumed deficits and pathology. There is a trend towards working in partnership with clients in order to help them establish what they want to be different in their lives and seek out the strengths they have for accomplishing those changes. See, for example, the recent (2011) research published by Ofsted, reporting on what practitioners and clients said was successful in enabling families to pull back from breakdown and thereby prevent the need for accommodation of their children by the local authority (www.ofsted.gov.uk/resources/110082): a non-judgmental relationship that enabled clients to feel that their hopes were being heard and their strengths recognised.

When Bill O'Connell's book first appeared it was a pleasure to welcome a valuable addition to the growing collection of writings worldwide that reflected the use of solution-focused therapy, and it was doubly pleasing to welcome a book as clear and well written as this. In the intervening years, as more and more practitioners have developed their own ways of doing the therapy, so the literature has mushroomed into a veritable library full of books on what can now be described as 'solution-focused approaches'. But for clarity and applicability, O'Connell's book has remained at the forefront of essential introductions, and this new edition will ensure it stays there. Throughout, he offers short, readable examples of different facets of the approach that make the material as accessible as possible. In particular, he is able to present complicated ideas about the background to the approach in a straightforward and succinct manner.

O'Connell tells us that he comes from an eclectic background and this is demonstrated in his arguments for an integrated approach. Many readers will find Chapter 9, 'An Integrative SF Approach', to be of great value

in the way it makes connections between solution-focused brief therapy and other counselling approaches. It teems with useful tips from different approaches that will be of benefit to many people. There are, as he notes, others, including ourselves at BRIEF, who believe that while the solution-focused model can, as it were, run alongside other models it cannot actually be integrated with them. However, the solution-focused community, as O'Connell says, is strong and confident and has room for dialogue around how the SF approach can be implemented in the real world of work with clients seeking relief from their problems.

In his new preface O'Connell says he would prefer it if the approach could be renamed (he suggests 'change-focused therapy') to remove the catch-all, quick-fix implication of its name. I think this is a very interesting comment and one I am inclined to agree with. As solution-focused brief therapy has increased in popularity its ideas have spread and been taken up by practitioners everywhere regardless of their primary therapeutic orientation and it is perhaps more important than ever for us to define what is different about it. 'The SF Journey' (the new Chapter 6) is a fascinating human document describing the experiences of those who have made the move across the bridge into a full-blown solution-focused practice in their work, and the new Chapter 10 is a rich resource for those wanting methods to enhance their learning the various techniques.

Whether you are holding this book because you are interested in brief approaches to therapy that have the aim of empowering clients to take control of their own lives, or because you already have the previous editions and want to know what's new, you will find suggestions and strings-to-your-bow aplenty here!

Harvey Ratner
BRIEF, London
Co-author of *Solution Focused Brief Therapy: 100 Points and Techniques* and *Brief Coaching: A Solution Focused Approach*

Foreword by Alasdair J. Macdonald

When the first edition of this book was published in 1998 few of the publications about solution-focused brief therapy had originated in the United Kingdom. The majority of the books had been written in the United States by the founders, Steve de Shazer and Insoo Kim Berg, or by their trainees and colleagues. Bill O'Connell's academic credentials and his easy writing style contributed to the success of *Solution-Focused Therapy* in the UK. The book found a readership among existing solution-focused practitioners and appealed to many therapists who were seeking an introduction to the exciting possibilities offered by the solution-focused approach. Since then the book has been recommended as a text for university and college courses. It is used as a primer by many of the UK solution-focused trainers, including the influential BRIEF team in London. First a second and now a third edition testify both to the rapid expansion of solution-focused practice in the United Kingdom and to the value of the book itself.

Solution-focused therapy is a rising star in the therapy firmament around the world. Its ideas and methods have spread to many countries throughout the Western world and are now increasing their influence in India, China and the Middle East. Meetings of the European Brief Therapy Association usually have representatives from 30 or more countries. In the United Kingdom solution-focused therapy ideas are prominent in education and social work as well as within the National Health Service and the private sector. The approach has proved effective in some areas of practice which have traditionally been seen as difficult or impossible for psychological work, such as domestic violence, child protection and drug use. This rapid expansion has led to increased calls for solution-focused supervision. Chapter 7 of the book brings together current thinking on this topic in a helpful and readable fashion. Solution-focused concepts are being widely used in organisational work by management consultants from many backgrounds and this is also addressed in the book.

Solution-focused brief therapy is still developing and changing. It has roots in family therapy but is also indebted to other therapies including psychodynamic, behavioural and person-centred approaches. It is one measure of the success of the method that many other established therapies are beginning to talk of collaboration, empowerment, self-esteem and hope. Previously these concepts were rarely mentioned in the literature concerning the management of emotional distress and mental disorder.

Preliminary research suggests that therapists enjoy their work more once they become solution-oriented, which may reduce 'burn-out' and is therefore a good omen for the future development of the therapy profession. Finland has accepted solution-focused therapy as a formal school of therapy. The United Kingdom Association for Solution Focused Practice has a new scheme for formal accreditation for solution-focused therapy. This will put it on an equal footing with other well-established schools of therapy around the world.

New matter in the third edition includes extension of the chapters on 'Frequently Asked Questions' and on 'An Integrative Solution-focused Approach'. Bill has addressed the issue of sustained effectiveness which is a common query about all brief interventions. The chapter on 'Applying the Solution-focused Approach' has been replaced with an exceptionally useful chapter on tips and exercises for teaching and learning about the model.

There are many clients and many therapists around the world who have gained something from solution-focused approaches. Bill's text includes some vivid accounts of his own experiences in this process. This third edition of *Solution-Focused Therapy* will allow and encourage many more successes and developments. So if you have picked this book up in a bookshop, buy it! It is a real advance on previous editions and it might change your professional life, as it has done for many others.

Dr Alasdair J. Macdonald
Consultant Psychiatrist and past President,
European Brief Therapy Association

Preface to the Third Edition

The first edition of *Solution-Focused Therapy* was published in 1998. Since then, the popularity of the approach has grown and it now enjoys support from a wide range of practitioners. It has been creatively adapted and applied in many different contexts – from business organisations to parent support groups. Many of those who use the approach do not have a background in therapy and may even be unaware of its family therapy origins. This edition, while primarily aimed at counsellors and therapists, is designed for other disciplines and professions as well.

There has been a geographical expansion too, with many exponents of the approach in Poland, Scandinavia, Holland and Germany, as well as in the United Kingdom and the United States of America. Practitioners have now established their own professional associations. The United Kingdom Association of Solution Focused Practice has been active since 2003. The USA has a similar body and the European Brief Therapy Association continues to flourish. These peer-led bodies are extremely active in promoting their work and developing frameworks to protect the needs of clients and other interested parties.

The solution-focused perspective now has a place on the curricula of many professional training courses, such as psychology and social work. It has received qualified approval from NICE (National Institute for Health and Clinical Excellence) in the UK and today there are many trainers and consultants teaching solution-focused ideas and interventions to staff in private, voluntary and public-sector organisations. Many coaches, mentors and advice, information and guidance providers have adopted the model.

This edition reflects the latest developments in the field – one of which has been a renewed emphasis on the sustainability of solutions. Decreased resources mean that more is expected from fewer staff. In fields such as the Welfare to Work Programmes payments are tied to the results achieved and maintained over a period of time. As a result there has been growing interest in ways of working which use minimal resources, are evidence-based and which achieve sustainable solutions for individuals, teams and organisations. The solution-focused approach has much to offer companies and staff who are under pressure to obtain lasting results. In this climate it is even more important that staff have the cutting-edge skills which will motivate both them and their clients. The Ten SFT Principles and the section on How to Do More with Less More Quickly in Chapter 10 are particularly relevant at this time.

The practice of the solution-focused approach is never static. Each time I attend a conference or seminar I am struck with how inventive and original its practitioners are. As a relatively new kid on the block, solution-focused therapy (SFT) is unencumbered by the weight of great tradition. In fact, there is a huge sense of excitement that everything is a 'work in progress'. There is a strong collective identity also that encourages each person to make a contribution to the development of the work. One cannot fail to be struck by the enthusiasm, commitment and passion in any gathering of solution-focused trainees or practitioners. Discovering SFT has been a turning point in the lives of many people. It has set them off on personal and professional journeys which have brought great rewards. A new Chapter 6 describes some of the journeys made by people as they discover and begin to implement the solution-focused way.

There are few gurus and even fewer tablets of stone in the solution-focused field. Although the first generation of original thinkers – for example, Bill O'Hanlon, the late Steve de Shazer and Insoo Kim Berg – are regarded with great respect, they do not occupy god-like positions. There is a strong confident streak running through the SF community. In many cases individuals have had to battle against entrenched professional positions in order to win the right to use the method. This energy continues to fuel the solution-focused movement and ensures that it is always seeking better ways of helping clients.

While the benefits to clients are clear from the research findings, it is equally clear that adopting the model has major benefits for practitioners. Sundmann (1997) reported that social workers using the approach in Finland made more positive statements about their clients and worked more collaboratively with them than those who did not. In my experience, the more I use the model, the more I warm to my clients. It helps me to appreciate what they are doing to overcome their difficulties. I know from colleagues how much the positive, optimistic and hopeful values in the approach have served as antidotes to the negativity, fatalistic cynicism and burnout that can result from listening to other people's problems for many hours.

People read books differently. Those whose preferred learning style is practical may choose to start with the chapters that describe the use of the approach – namely Chapters 3, 4, 5 and 10. In Chapter 3 I have tried to clarify the SF process by using the SOLUTION and FOCUS acronyms. Those who find it helpful to have the historical context and theoretical foundations may prefer to start at the beginning. Solution-focused supervision is the central theme of Chapter 7, while in Chapter 8 I have attempted to answer a series of questions about the model. Chapter 9 then examines how SFT could be integrated with other models. A new Chapter 10 provides the reader with extensive material they can use with clients, teams, or on training courses.

Throughout, I have alternated the use of female and male pronouns – hopefully in a way that avoids gender stereotyping. I have also used the

terms 'counselling' and 'therapy' and 'counsellor' and 'therapist' interchangeably, in accordance with the practice of the British Association for Counselling and Psychotherapy. In some chapters I use the terms 'counsellor' and 'therapist' exclusively, but in others I have used the inclusive term 'practitioner' to cover anyone working in a helping capacity, whether they would regard themselves as therapists or counsellors or not.

The Latin root of the word solution is *solvere*, which means to release. In that sense, I like to think of SFT as a form of 'liberation', an experience that enables people to release themselves from the tyranny of their pasts. I also like to think that it releases practitioners as well so that they may treat their clients as equals and affirm and celebrate all that is best about people. On the other hand, there are overtones to the title *Solution-Focused Therapy* that could give the impression there is a solution for every problem, something which leads its critics to dismiss it as a 'quick fix' therapy. My preference would be a title like *Change-Focused Therapy*.

I also understand the suspicion that many people in the field have that brief interventions conveniently provide a rationale that allows funders to cut their budgets. However, the research base for brief therapy is strong and the reality on the ground is that a lot of the counselling/therapy offered in the UK is, in practice, brief.

It is not only the funders who are promoting brief interventions but also the clients themselves. They are saying that they benefit from time-limited help and prefer this to a long-term commitment. Provided that brief therapy is not the only treatment option sanctioned, I take the view that practitioners who want to make the best possible use of resources, and extend their services to clients who are currently denied them, will welcome the advent of brief therapy. I believe that we need to offer our clients a service that is congruent with their circumstances and preferences and we also need to be accountable both to them and the wider community as regards the effectiveness of what we do.

My own background is in youth work, social work and counselling, as well as training and lecturing. My experience comes mainly from working with individual clients and couples. I have used the model with a wide range of clients in various settings – a student counselling service, a voluntary agency offering family and couples counselling, private practice, and employee assistance programmes.

Some solution-focused therapists will use the model in a purist way, while others will be open to integrating it with other models. I belong to the latter school and it is my hope that this book will appeal to a broad spectrum of therapists who are receptive to incorporating new ideas into their practice. This book does not imply criticism of the models used by other practitioners, although I would question the need for long-term therapy for all but a minority of clients. The solution-focused principle – namely, if it works then keep doing it – is a pragmatic signal to continue with whatever approach we are using if this is indeed effective for our clients.

However, where it is not working we need to be brave enough to do something else. There is no therapy that will always work and the more tools we have in the toolbox the better, provided we know and understand why we are using them. The current climate in therapy today encourages us to adopt an eclectic, developmental attitude to our own work. The movement towards consensus and a respect for diversity is replacing the sterile polemics of therapy politics and it is in this spirit that the book has been written.

I have tried to acknowledge the limitations of the approach as well as its potential. When any approach places a heavy emphasis on a certain type of intervention – which, in the case of SFT, means the use of questions – it inevitably neglects interventions used in other types of therapy. Followers of other therapies will therefore be sensitive to *what is not done* in SFT as well as surprised at times by *what is done*. No therapy can claim to do everything, however, and it is misleading to judge one therapy on the basis of what happens in others. Some critics dismiss SFT as being somewhat lightweight in terms of ideology, yet the philosophical underpinning is conceptually difficult to grasp and simplicity in practice is a rare event! SFT requires considerable relationship skills, as well as the ability to focus on what is positive and non-problematic for the client. The novice practitioner, therefore, unencumbered by conflicting ideologies, may find it easier to practise in a solution-focused way than someone who is coming to it with a lot of intellectual baggage. And in some cases as well people with non-counselling backgrounds who are working in settings that require counselling skills will take enthusiastically to the solution-focused approach because it strikes them as practical and accessible. They are relieved that they do not have to be problem solvers. However, in my opinion, for those who are planning to work as counsellors or therapists it can be helpful to have undergone a generalist counselling training first.

It is a matter of some regret that the UK government has invested heavily in Cognitive Behaviour Therapy as an evidence-based practice that is superior to other approaches. It is a great and expensive mistake which excludes many qualified, well trained and skilled counsellors. As a profession I hope we can maintain our integrity and continue to offer solution-focused therapy as an effective, economical and sustainable way of helping people.

I hope this book helps you to enjoy what you do, gives you lots of ideas for working with clients, and encourages you to listen out more for your clients' solutions. Being solution-focused is not just for clients, it is also a gift for you.

Bill O'Connell

Acknowledgements

First Edition

I would like to express my sincere thanks to those people who made this book possible. In the first place, my warmest thanks go to my wife Moira and my grown-up daughters Donnamarie, Joanne and Katrina for the love and support they have always given me. I also owe a great debt of gratitude to my colleague Janet Bellamy at Westhill College for all her help, as well as to Clare Austin and Joyce Colwell. I am especially grateful to the many students and clients who have taught me so much over the years. May I thank John Wheeler for his constructive and informed comments throughout the writing of the book and for both his and his colleagues' help in collecting together the useful website addresses for the Appendix; Harvey Ratner and his colleagues at the Brief Therapy Practice for their encouragement; and Gladeana McMahon and Stephen Palmer for their support.

Second Edition

I would like to express my sincere thanks to all those who have contributed to the production of this second edition. I wish to thank my colleagues at Sage for all their help – to Alison Poyner for her faith in the book, to Louise Wise for her warm support, and to Rachel Burrows and her colleagues for their work on improving the manuscript. Thanks also to Stephen Palmer who has championed my writing of Solution-Focused books.

I am grateful to Alasdair Macdonald for adding an updated foreword to this edition. Alasdair has been a towering figure in the development of Solution-Focused work in the UK and I and many others are in his debt. May I also thank my associates in Focus on Solutions – Steve Conlon, Peter Creagh and Vicky Bliss – for their generous sharing of ideas. Over the past few years it has been my privilege to introduce many hundreds of people to Solution-Focused ideas and practice. Their creative and enthusiastic engagement with the approach has taught me a great deal.

As ever my thanks go to my family – Donnamarie, Joanne and Katrina. Finally, may I thank my wife Moira who continues to offer her total support in all aspects of my life. Her contribution to this edition has been crucial. Her clarity of thought, her wisdom and compassion, have made this a much better book than it would otherwise have been.

Third Edition

I would like to acknowledge contributions from my colleagues Dominic Bray, Peter Creagh, Garrath Ford, Steve Freeman, Paul Hanton, Dave Hawkes, John Henden, Paul Z. Jackson, Alasdair McDonald, Greg Vinnicombe, Janine Waldman, John Wheeler and Barry White. My thanks once again go to Steve Conlon, Peter Creagh and Garrath Ford, my colleagues in Focus on Solutions, who have contributed a great deal to my continuing development as an SF trainer and practitioner. I would like to record my immense gratitude to the clients, students and trainees with whom it has been my privilege to work over many years. I owe a huge debt to the original thinkers in the SF field such as Bill O'Hanlon, the late Steve de Shazer and Insoo Kim Berg. I wish also to acknowledge all those who have worked hard to establish the UK Association for Solution Focused Practice (www.ukasfp). It is good to see the next generation taking the solution-focused cause forward.

I would like to express my thanks to Dr Stephen Palmer who continues to offer me such strong support in the writing and publication of solution-focused books. I am also grateful to all the staff at Sage who have helped in the production and publication of this edition – Alison Poyner, Susan Worsey and Kate Wharton in particular. It has been a pleasure to work with such a patient, understanding and supportive partner as Sage.

My biggest thanks must go to Moira my wife, Donnamarie, Joanne and Katrina, my daughters, and John my son-in-law. Moira has once again read and enormously improved the final manuscript of the book and encouraged me at every step of the way. Thank you for doing all the things that needed to be done while I finished this edition. My gratitude must also go to my terrific grandchildren, Ella, Clara and George, who made sure I always remembered that there is more to life than work! Between the second and the third edition of this book I had to undergo major heart surgery. The care my family gave me throughout those difficult days is something I will never forget. The medical and nursing care I received in hospital and the love I received at home made me realise once again what a fortunate person I am.

1
Brief Therapy

The unique feature of Brief Solution-Focused Therapy (BSFT) is that it focuses on solutions, not problems. It aims to help clients achieve their preferred outcomes by evoking and co-constructing solutions to their problems (O'Connell, 2001). It emerged in the 1980s as a form of brief therapy, with its origins in the work of Steve de Shazer, Kim Insoo Berg and their team at the Brief Family Therapy Center in Milwaukee, USA. To understand its context, it is helpful to be aware of the brief therapy tradition.

The fact that many brief therapy models come from within the main schools of therapy (psychodynamic and cognitive behaviour in particular) may give the impression that this kind of therapy is derived from long-term therapy (Feltham, 1997). However, this is not the case. Bloom (1992) lists a large number of case studies over the past eighty years in which patients report significant changes in their lives as a result of brief therapy. As far back as 1925, eminent therapists, such as Ferenczi and Rank, argued against the assumption that analysis had to be lengthy. They advocated that the therapist should adopt an active empathic stance in making interpretations, promoting transference and keeping the emotional temperature high. Rank also emphasised the importance of a client's motivation to engage in a process of change, the need to set an end to the treatment, and the necessity of paying more attention to the client's current experiences rather than having them relive the past. However, the psychoanalytic community remained defensive and hostile to the idea that therapy which was not lengthy and 'deep' could be of any lasting value. Alexander and French (1946) provoked considerable uproar when they wrote about the 'almost superstitious belief among psychoanalysts that quick therapeutic results cannot be genuine'. They had recommended using weekly rather than daily sessions in order to enable clients to put into practice what they had learned in therapy.

Malan's influential (1963, 1976) studies demonstrated the efficacy of short-term dynamic therapy. He highlighted the need for careful assessments and retaining a therapeutic focus for the work. From the 1960s until the 1980s the works of Malan, Mann (1973), Sifneos (1979) and Davanloo (1980), became the driving force that propelled the case for brief dynamic casework. Since then, the increasing body of research demonstrating that brief therapy is just as effective as the long-term (summarised in Koss and Butcher, 1986), and that brief therapy is the expectation and preference for more than 70 per cent of clients (Pekarik, 1991; Garfield and

Bergin, 1994), has been a powerful market force. Frances et al. (1984) found that a wide range of practitioners – marital therapists, sex therapists, family therapists, crisis therapists and cognitive-behavioural therapists – all claimed to work within a short period of time and that their actual practice bore this out. One study of a counselling centre in the UK (Brech and Agulnik, 1996) reported that approximately 40 per cent of clients had between one and four sessions, a further 40 per cent between five and 20, and 20 per cent had therapy contracts extending beyond six months. The study also found that by introducing a four-session model for clients on the waiting list, the number of people waiting was reduced, and that this in turn reduced the waiting time for all clients, even those who had not accepted the offer of the four sessions and had chosen to wait for more open-ended therapy. The majority of studies over recent decades have shown that the median length of treatment (of whatever orientation) ranges from four to eight sessions, with clustering at around six (Koss and Butcher, 1986; Garfield and Bergin, 1994). Koss and Butcher (1986) conclude that 'almost all psychotherapy is brief.'

There are differences however in defining what constitutes brief therapy. Eckert (1993) stated this was 'any psychological intervention intended to produce change as quickly as possible whether or not a specific time limit is set in advance'. Malan (1976), coming from a psychodynamic tradition, used the term to mean between four and 50 sessions; Mann (1973), from the same tradition, set a fixed number of 12; while Ryle's (1991) cognitive-analytic model used 16. Talmon (1990) and Manthei (1996) argued the case for single-session therapy. While some models will set fixed limits, others are brief within flexible parameters (Steenbarger, 1994). Budman and Gurman (1988) prefer the term 'time-sensitive therapy', which they feel highlights the necessity of the therapist making the maximum impact within a rationed amount of time. Although major differences exist between brief therapists, there is still a degree of consensus here that brief therapy means fewer than 20 sessions.

There is considerable agreement in the literature about the main characteristics of planned brief therapy. These features are also prominent in solution-focused brief therapy. Barret-Kruse (1994) summarises them as follows:

- The view that yourself and others are essentially able.
- The acceptance of the client's definition of the problem.
- The formation of the therapeutic alliance.
- Crediting the client with the success.
- The therapist learning from the client.
- The avoidance of a power struggle with the client.
- The objectification, rather than the personalisation, of the client's behaviour.