# Historical development of the solution focused narrative practice

This assignment aims to critically analyse the historical development of the Solution Focused Narrative Practice (SFNP) and the philosophical heritage that underpins the foundation. Brief reflection and evaluation will be included on how it was applied by the author in the work place.

Solution Focused Therapy (SFT) is a here and now type of psychotherapy that places much emphasis on the present and future. It is a talking therapy that is based upon social constructionist philosophy. It focuses on what clients want to achieve through therapy rather than on the problem(s) that made them to seek help. It does not focus on the past, but instead, focuses on the present and the future. Instead of analysing problems, therapists will attempt to engage client in conversation about potential solutions, operating from the viewpoint that change is not only possible but inevitable. It is a positive approach to problems. The author will use this assignment to analyse the key skills used in SFT which are pre-session change; the miracle question; finding exceptions; problem-free talk and scaling. And a brief reflection will be included on how it was applied in practise. This assignment will evaluate the effectiveness of Brief Narrative Therapy in treating abused lady who lives in a shelter.

Solution Focus Therapy came from the world of family therapy, despite it having many similarities with some counselling and psychotherapy approaches. It can be described in many ways as a collection of techniques or a set of assumptions about how therapy should flow. In addition, it can be described as a way of talking with clients in a manner that is associated with change. It looks at creating the shift from problem-dominated talk, thinking and description to solution orientated talk, thinking and description.

Narrative Therapy (NP) is associated with the assumptions of postmodernism and social constructionism; both of which support the notion that there are no truths, just points of view. Societies construct the lenses through which their members interpret the world (Freedman and Combs, 1996). Thus narrative therapists have attempt to privilege the voices of their clients in the process of delivering them from the oppressive weight of dominant. Vigilant attention is paid to the use of language from the very beginning and throughout the therapeutic conversation. They need to look at the influence of these social realities if they want to understand the meanings clients give to their experiences, and their lives. Their concern is not only how clients interpret language and circumstances, but also, how we interpret their interpretations (Duvall et al, 20007).

During the 1960's, a project was set up to research schizophrenic communication and in the cause of their studies, the project became fascinated by the word of Milton Erikson. He was an American psychiatrist who had quite a few irregular ideas about therapy which he used successfully. Many of his ideas, points forward to the principles of the solution-focused approach. He did not believe in diagnostic labels and strongly believed in the power of people to solve their own problems. He was a known therapist, he was unconventional in his approach in that he was not interested in understanding the root causes of problems or in the insight into the person and their issues. He was more interested in aiming to disrupt the client's problem pattern, and when he did this, new possibilities often seemed to emerge for the client. He was convinced that therapy in most cases did not need to take a long time and believed that a small change by

the client was enough to set a process of larger change in motion. Characteristic of his approach was that he used whatever was there in the context of the client. Milton Erickson was paralyzed and beside this, he was equally colour blind, dyslectic, tone deaf and arrhythmic (Cade, 2007). He was noted for his approach to the unconscious mind as creative and solution generating.

Two of Milton Erickson team – John Weakhead and Paul Watzlawick, went to set up the Mental Research Institute (MRI) of Palo Alto and within this, they developed a form of Brief Therapy which was first described as ‘ problems Resolution’ Brief Therapy. The central idea of the approach was that problems are maintained by the client’s unsuccessful attempted resolution, therefore, if it can be worked out with the client what they are to do something different, the results produced may be those they require. The central idea of whole approach was to get the client to stop doing what was not working. Steve De Shazer was influenced by these ideas but in the course of his work, he became interested in a principle that had been specific within the Weakland and Watzlawick’s (O’Connell, 2005) work but had never been central part of their approach.

Steve De Shazer was a prolific writer who contributed a steam of articles and published several books (Molnar and De Shazer, 1987). He was, to a large extent, the intellectual figure head of Solution – Focused Therapy, although, he always credited his partner Insoo Kim Berg for being the innovative practitioner behind the development of the therapy. They both focused on finding out what the client is doing that works and do more of it. De Shazer was a creative person and therapist; he studied at the University of

Wisconsin and had learned to play the saxophone at a professional level. He admired the work of Erikson.

Steve De Shazer and Insoo Kim Berg were introduced together by Weakland in 1977 at the Mental Research Institute (MRI) and they started working together from there. They spend lots of time together behind the screen and eventually became a couple. Insoo Berg was able to convince Steve to leave California and leave with her in Mikwaukee. The two of them and few other therapist who were inspired by the outcome of MRI, like Jim Derks etc worked there in a therapy practice called Family Service (Malinen, 2001). The majority of the therapist working at that organisation were traditionally oriented, though, Insoo acknowledges that she worked very hard and liked the challenge of accepting difficult cases other therapist would rather not take (Visser, 2004).

De shazer and Insoo started their practice in 1978 and called it the Brief Family Therapy Centre (BFTC) with colleagues like Jim Derks etc (Cade, 2007). They contributed in one way or another to the development of the Solution-Focused approach. They did not take a particular theory as a starting point; instead, they wanted to build knowledge about what worked in therapy inductively. The team started off by identifying traditional elements of therapy and removing one element at a time from sessions. They discovered that analysing and diagnosing problems could be removed from therapeutic conversation without negative consequences for client outcome. In addition, to the approach, of systematically removing traditional element of therapy they did several other things.

One thing was that they were actively monitored therapeutically for any accident s or follow-up events in therapeutic conversations. When the therapist or the client did something that seemed to work, they observed clients during actual conversations. When the therapist or the client did something that seemed worked, they discussed that and they tried it again. While trying to figure out what worked, they observe clients during actual conversations and videotaped conversations. They looked for interventions that helped clients to formulate more clearly what they wanted to achieve, that helped the client to become more confident in their possibilities and that helped to identify ideas for steps forward. The idea is to help client maximise his / her success by utilising his or her unique resources and strengths within whatever treatment model is applied. One example of adapting the model to fit within traditional treatment settings can be found in the work of Campbell and Brashera (1994).

The history of SFT in the United Kingdom (UK) is one of rapid growth and increasing maturity. It has progressed from a small number of pioneers into a major player in the therapeutic field. Its ideas have fired the imagination of many people from different quarters. It has won academic credibility and front line popularity. SFT offered a time-limited, goal oriented way of working which suited the needs of a busy society. It clearly focused on finding solutions rather than history. It appealed to clients as more practical than traditional therapies. Within a relatively short period of time, it has mark and joined its relatives in the therapy family tree.

Goals are the entire focus of SFBT approach. It uses a specialised interviewing procedure to negotiate treatment goals whose qualities

facilitate efficient and effective treatment. The goals must be salient to the client not to the therapist or treatment program; small instead of large; be descriptive, concrete and behaviour oriented; realistic and immediately achievable within the context of the client’s life, and stated in interactional and interpersonal rather than individual and intra-psychic terms. After the goal is negotiated, the model specifies how to use a client’s own special resources and strengths to accomplish the goal. Two of such resources and strengths are referred to as exceptions and instances. Exceptions are referred to as periods of time when the client does not experience the problem or complaint for which he / she is seeking treatment. Instances, however, are periods of time when the client experiences his / her problems either in whole or in part. Interviewing methods are used to determine such information about the frequency of exception and instance periods so that they may be repeated in the future. It has developed to narrative practice based on the notion of listening to the stories from the clients.

The term Narrative implies listening to and telling stories about people and the problems in their lives. In the face of serious and sometimes potentially deadly problems, the ideas of hearing or telling stories may seem a trivial pursuit. It is hard to believe that conversations can shape new realities. But they do. The bridges of meaning we build with others help, healing developments flourish instead of wither and be forgotten. Language can shape events into narratives of hope. It is about the unique rather than the general. In comparing SBT to Narrative Therapy, they have both been used extensively to help diverse populations address their psychological problems (Gingerich and Eisergart, 2000). They acknowledge the uniqueness of the

plight of the patients and address their situation at an individual level (Franklin et al, 2008). Both types of therapies utilise exceptional moments or unique outcomes in their clients' lives as opening for re-orienting their client's perspectives and moving away from their problem-focused points of view or narratives.

Solution-focused therapists tend to adopt a highly pragmatic and goal oriented approach while the narrative therapist encourages its clients to create preferred narratives that are not only detailed and action-oriented, but also rich and meaningful (Miller and Berg, 1995).

## Therapeutic Process with a client:

My client, a single mother with two boys was mandated to stay in the shelter in order to keep her children. During the first session, the author asked her if she would like to talk about it today, she answered that – whatever will get child protection agency off her back. " They even don't want to know what is going on, they just want to take my children away from me". In this case, I assumed not to be the expert who comes up with answers, instead as a listener who is assisting the client in becoming more aware of many forces pulling her into particular and often negative ideas about the situations. The author formed a narrative therapeutic alliance with client whose main goal is to give space for the client to explore and re-vision her past and reconnect with her past social and cultural resources while focussing on addressing current interpersonal problems, personal decisions, and plans and hopes for the future.

She narrated how the child protection agency got involved in her life. In that session, she stated that one of the conditions of keeping the children was that she maintained a clean house and ensured that her children were never left unattended. Asked – how has the condition affected her and the children? She responded that she thinks the children like it. She is always home these days, the kids in day care, which she think they like more than being in the shelter room. She hope to go to school soon – already registered in the hospitality course in a local college. She was provided with a safe, empathic and informed space during this session for her to explore her own parenting and attachment dilemmas, and how these dilemmas affect or interact with her children's well-being.

The author use the miracle question to ask her – whom she would not be surprise to hear this and she answered that her friend and stated that her friend knows she can do it. She further stated that she was doing it for some time until she got pregnant and could not pay her rent. Miracle question is a way of allowing client to look into the future to describe how things will be when their problems are no longer there or when their life is how they would like it to be. Question about how the problem has been affecting her and the kids lives helps her view herself as separate from her problem by externalising the problem. White (2007) advised that therapist should follow strengths based approaches seeking solutions to problems and looking for exceptions to the problem and unique outcomes. The aim of externalising practices is therefore to enable people to realise that they and the problem are not the same thing.

The fact that my client was able previously to maintain housing is something she can appreciate about herself and an ability she can now understand as special. Questions are the most effective means of thickening, exceptions engaging in re-authorising with persons around favourable development in their lives. When we ask rather than tell it is up to clients to revive the threads of alternative stories (Duvall et al, 2007). My client came in with a narrative that comprised of stories of impossibilities, blame, shame, guilt and minimal sense of her ability to find her own solutions. The author thickens the client's description of unique outcomes by using landscape of action (sequence of events) and landscape of consciousness (making meaning of events) questions (White and Epson, 1990). By becoming more aware, she can see the alternative story, that the conditions put in place by the child protection agency are not a barrier to her success but that in fact, they have actually brought her kids some stability. Her plans to go to school can also be considered a unique outcome in this session. She has realised that obtaining a job will enable her to maintain her housing and family values, and enhance her self esteem.

During one of the session, the author asked – what is her goal for the session? She answered that " it is simple; I just want to have my own place, no rules, no curfew, no living with stupid people, always being watched and told what to do". Scaling question was introduced at this point to draw her attention to what she has done and how she has done it and she stated that she has moved from being one to five. Scaling question is a very flexible tool and can be used in many ways. Measuring change can be a key tool in encouraging more change in clients. The more the change of sense, the

more they know they are moving forward. This can create a sense of additional control over the problems and increase the likelihood of them moving forward.

My client reacted to a trauma of having her children taken away from her. The author's intervention was absolutely pivotal in the change process as it direct her to keep her desired experience with the child protection agency in the fore ground, so that she could begin to function independently in the real world. After the end of the interventions, she acknowledge that she had more energy and had greater availability of resources, had become good reality orientation, more self support, and an integration with earlier emotional strengths. That the intervention had enable her to identify her weaknesses and was impressed with the outcome.

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