

Research paper on counseling theory paper

[Psychology](#), [Success](#)



Counseling Theory Paper

For the purposes of the current research Solution Focused Theory (SFT) had been chosen. SFT is based on the approach which differs from traditional psychology: it focuses on the solution of the problem rather than focusing on the psychological problem itself. SFT is a kind of talking therapy which is based on the social constructionist philosophy. SFT is linked to Possibility Therapy, Brief Therapy, and Problem-Focused Therapy. The most recent research considers SFT in linkage with Self-Determination Theory (SDT) (Coert, 2010).

The Solution Focused Theory was first practiced by Insoo Kim Berg and Steve de Shazer in 60's of the past century. Milton Erickson's approach and Mental Research Institute (MRI) models were assumed as a basis for the SFT. Berg and de Shazer were American therapists who denied traditional psychotherapeutic approach in order to develop and practice their own theory. In 1978 they founded Brief Family Therapy Center and started their common practice. Other American therapists, namely: E. Nunnally, J. Derks, M. LaCourt, E. Lipchik, A. Molnar, M. Weiner were in their team. In 2007 many other therapists joined them (Michele Weiner Davis, Larry Hopwood, Wally Gingerich, Kate Kowalski, Gale Miller, Scott Miller, Ron Kral, and John Walter). All of them had essentially contributed into the development of the SFT (Coert, 2010).

Among main key concepts of the SFT are: presupposing change, the technique of miracle question, exception questions, scaling questions, the technique of basic assumptions. The strengths of SFT are as follows: the application scope is wide; it emphasizes clients' positive attributes, provides

effective counseling in a brief period of time. The weaknesses of SFT are connected with simplicity of the approach and the lack of empirical research. SFT could be contraindicated with dependent clients, may not be addressed patients with serious mental problems; it could make superficial effect without necessary depth when developing relationships between a counselor and a client (Guterman & Rudes, 2005).

SFT had been chosen for the research because it is the most advanced psychological method which allows solving various psychological problems using positive approach. Unlike to traditional theories focusing on the cause of a problem, the initial problem and past experience, SFT focused on problem solving and stresses on the future rather than the past or present (James & Gilliland, 2003). It allows making an independent choice, uses collaborative therapy, utilizes the resources which are available to the client. SFT set attainable objectives which are specific and behavioral. The unique peculiarity of SFT is that it allows reframing of the problems in more positive way while accepting client's life reality. Clients could be their own experts who may make the best choice for them.

Chosen theory fits best to my value system and personal beliefs because it respects free choice of a client which I place on the first place in my value system. I think this is important for the client to feel responsible for the solution of the problem and give him or her necessary confidence to do it. I try to take the responsibility for my life and I would encourage my clients to do the same. Team work is in the third place in my value system. SFT is based on a collaborative approach to the therapy.

I would like to work with families, young people, adolescents, and domestic

violence. I think that the SFT provides the best therapy for these groups of clients because it would help them realize their problems and achieve awesome results. AS I have mentioned before, the SFT uses collaborative approach which is the best for the family therapy. The SFT has a great potential for strengthening family links, solving problems between spouses, reducing and eliminating domestic violence, making population more conscientious and implementing control of their behavior. The SFT allows people realize their problems and find appropriate solutions of the problems unless accepting certain behavioral schemes imposed by traditional psychotherapists. I also consider that the SFT is a universal approach which can be used as a part of other therapies with other clients' groups.

I assume that the difficulty would be probably faced with time constraints at work. Also, I experience a kind of a difficulty when practicing exceptions, but I think the process will go smoothly with time. Insurance coverage of psychotherapeutic session depends on the insurance plan. Usually, the company offers several sessions of psychotherapy. I think that the government should care about both physical and mental health. The psychotherapy is greatly influenced by the health care institutions and legislation.

SFT requires setting realistic, concrete, and specific goals as an important component of the therapy. Each specific goal is formulated in the counseling process and aims to set future differences the clients expect to have good results. The client sets the goals based on his/her own expectations. It is also important to identify the exceptions after setting the goals. Further, the therapist will have to scale the closeness of the client to his/her goals or a

problem solution, helping construct effective steps to the preferred future of a client.

The role of the therapist using the SFT is to express respectful curiosity to encourage a client to disclose and describe his preferred future. A therapist and a client are working in collaboration trying to make certain moves to the future which the client feels comfortable with. Therapist should aim to support client's improvement. The client's role is to take a responsibility for his/her future, life and trust the therapist. Therapist may ask questions regarding client's story, resources, strengths and exceptions to the problem. It is important for the client to share necessary information with his/her counselor in order to present complete vision of a problem (De Shazer, Dolan, Korman, Trepper, McCallum & Berg, 2005).

The concept of resistance is not specified in SFT because it is considered as a natural reaction while viewed as resistance by other theories. The SFT suggests collegial and cooperative approach rather than hierarchical or adversarial. Thus, the concept of resistance does not make sense in this case because there is no any confrontation between a counselor and a client (De Shazer et al., 2005). Anyway, if there is any resistance from the client's part, SFT offers an effective solution due to collaborative interaction with the help of miracle questions, exception questions, scaling questions, and coping questions.

SFT involves the following therapeutic techniques: looking for previous solutions, looking for exceptions, compliments, miracle, coping and scaling questions. I'm going to assimilate all of these techniques in order to be professionally competent. Every personality requires a unique approach

because people are different. The technique, which is good for one person, may not be consistent with the other person vision. All of the techniques employed in SFT are consistent with my counseling philosophy.

The scope of using SFT is very wide. Actually, the SFT cannot be called a therapy. For example, it is used to solve drinking problem, to interview applicants, to develop motivational activities (Atkinson & Amesu, 2007). More often SFT is utilized to solve problems of youth and adolescents (De Shazer & Isebaert, 2003). There are certain limitations of using the SFT for the treatment of the clients having serious mental health problems, dependent clients when more serious intervention is required. In this case SFT could be used as a part of the general therapy.

The SFT does not limit the kinds of clients I can work with within the framework of the theory. Only clients with severe mental health problems could be an exception. Such patients have to be identified, diagnosed and proposed another treatment. I have a calling for working with young people and adolescents. I consider that it is important to help young people develop their personalities and become good citizens of their country.

Studying SFT approach, I gained a new awareness of psychotherapy as a whole because people with mental health problems or people who just sometimes cannot find a solution of their own are not the patients anymore. They are considered as clients and actively participate in the SFT therapy. The clients are considered as equal partners in SFT and are encouraged to find a solution independently, without any pressure from therapist's part. The therapy based on SFT does not look like a treatment. SFT represents an

effective communication approach where therapist plays a subsidiary role in collaboration with a client helping him or her.

References

- Atkinson, C., & Amesu, M. (2007). Using Solution-Focused Approaches in Motivational Interviewing with Young People. *Pastoral Care in Education, 25*(2), 31-37(7).
- Coert, V. (2010). Self-Determination Theory Meets Solution-Focused Change: Autonomy, competence and relatedness support in action. *The Journal of Solution Focus in Organizations, 2* (1), 7-26(20).
- De Shazer, S., Dolan, Y., Korman, H., Trepper, T., McCollum, E. E., & Berg, I. K. (2005). *More than Miracles*. New York: Haworth Press.
- De Shazer, S., & Isebaert, L. (2003). The Bruges Model: A Solution-Focused Approach to Problem Drinking. *Journal of Family Psychotherapy, 14*, 43-52.
- Guterman, J., & Rudes, J. (2005). A Solution-Focused Approach to Rational-Emotive Behavior Therapy: Toward a Theoretical Integration. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 23*(3), 223-244(22).
- James, R. K., & Gilliland, B. E. (2003). *Theories and Strategies in Counseling and Psychotherapy*. (5th ed.). Boston, MA: Allyn & Bacon.