

Family life cycle and solution focused therapy (sft)



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Even though families can be developed in different ways, every household will pass through the family life cycle. This cycle is made up of emotional and intellectual stages you pass through from childhood to your retirement years as a member of a family. The stages of the family life cycle are independence, coupling or marriage, parenting: babies through adolescents, launching adult children, and retirement or senior years (Walsh, 2003). In each stage, you face challenges in your family life that cause you to develop or fail in maturity. Developing these skills helps you work through the changes that nearly every family goes through (Walsh, 2003).

Unfortunately, not everyone passes through these stages smoothly.

Situations such as severe illness, financial problems, defective relationships, or the death of a loved one can have an effect on how well you pass through

the stages (Walsh, 2003). Fortunately, if you miss skills in one stage, you can learn them in later stages often with the help of a mental health professional. Due to family relationships being a significant part of the family life cycle, Solution-Focused therapy is effective when treating broken relationships. Studies conclude that the approach is better suited to concrete issues such as child behavior problems versus family relationships. 62.5% of families interviewed after family therapy was complete stated that the most helpful aspect of the therapy was the approach and one-third stated that the supportive environment was the next most helpful aspect (Gingerich & Eisengart, 2000).

Solution-Focused Therapy History

Steve de Shazer, Insoo Kim Berg, and a group of their associates developed solution focused therapy (SFT) in the early 1980's at the Brief Family Therapy Center in Milwaukee (Kiser & Piercy, 2001). This theory is a social constructionist view and it grew out of the post-modern movement. Solution-focused therapy views problems as being developed and maintained within the context of human interactions. The goal of therapy is to find a solution to unwanted issues by helping the client alter their interpretation of behaviors and situations so that a solution can be achieved. The approach was developed by viewing sessions to determine what worked and why it worked (Kiser & Piercy, 2001). This theory is a focused approach on specific complaints that leads to an outcome; which is why this theory is considered brief therapy. (Kiser & Piercy, 2001). The solution-focused approach was a result of several theories focus on problems, diagnosis, and the pathology of behaviors and people (Kiser & Piercy, 2001).

Philosophy

In 1978, Don Norum had written an article titled ' Brief Therapy: The Family has the Solution;' which was the first evidence of solution focused therapy for families (Kiser & Piercy, 2001). This article took a positive view of the family; which guided the beginning of solution-focused therapy. Client strengths are maximized in solution-focused therapy. Therapists who practice SFT believe that the family already has all of the resources that they need to solve their problems. The therapist job is to help the family see things differently (Taylor, 2005).

One way that the therapist assists the family in seeing things differently is by aiming to expand the family's options by helping the family shift their perceptions from thinking about what is important to them alone to the welfare of the entire family (Hackett, 2006). Through interaction and language, family members are able to enter into relationships where they create certain meanings to situations. When using solution language, the therapist is responsible for assisting the client in changing the meanings that people have for events, behaviors, feelings, and thoughts (Hackett, 2006). This therapy style is simple, transparent, and gives each client an equal opportunity to build healthy relationships (Kiser & Piercy, 2001).

When working with the family, the therapist takes a position of " not knowing". Solutions are the focus of the session, not problems. The therapist will not ask questions or attempt to discover the problem, its history, or causes. In the sessions, each family member will convey their problems as much as they need to and as expected without the therapist inquiring about them. The therapist will follow the clients lead, but takes a positive

perspective, guiding the session away from repeatedly rehashing the problem (Taylor, 2005). The therapist will turn their interest to where client's want to be rather than where they have been, to the positive things that they do then what they have done wrong, and to support them in becoming the expert in their own life (Hackett, 2006).

During family therapy, the SFT therapist will see whoever comes for the session and does not hold that all members of the family are required for progress to be made. If change occurs in any part of the family system it will affect the rest of the system and cause a change in the whole. SFT view clients as being of three types: visitors, complainants, and customers. Usually, a family system has members who are at different levels. Visitors are not looking for change and may not see any problems within the family system. Complainants are complaining about a problem expecting their family members to change. Customers are active and motivated to make changes themselves. These levels of motivation affect how the therapist will interact with the client and what interventions will be used (Kiser & Piercy, 2001).

The basic principles of SFT are: if it's not broken, don't fix it; if it works, do more of it; do something different if what you are doing is not working; minor changes lead to big changes' solutions are not necessarily directly connected to the problem; solution language is different than problem language; there are always exceptions to a problem; and the future can always be altered (Taylor, 2005). In agreement with these theories are numerous standard interventions and techniques: therapist use of language, questions, compliments, and homework. Each session is looked at as if it could be the

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last, so the therapist techniques are vital in forming change and making progress (Taylor, 2005).

Techniques

There are several techniques used within this approach. One of the most important techniques a solution-focused therapist uses is solution language. The therapist's language and questions presumes that change is happening and that things will improve (Taylor, 2005). In the course of the session, the therapist will guide and model a shift in language from problem talk to solution talk. Changing language influences a change in thinking and in action (Taylor, 2005). After solution language has been implemented, the therapist will work on recognizing client goals, and focusing on things that the client is doing right; these steps are completed with the assistance of solution language.

Solution Language

Language changes in five areas. The therapist focus is on what the client does want, instead of what they do not want. As an alternative of focusing on what is going wrong, the focus is on what is going right. Therapists seek to help the client move from a place of feeling that things are beyond their control to realizing what is in their control. Clients start speaking about progressing instead of being trapped. The future is no longer filled with trouble; instead more possibilities (Hackett, 2006). These shifts in language will aid the therapist in discovering the client's goals.

TEAM Approach

After the language has been shifted, the therapist begins what is called the TEAM approach. First, the therapist finds what is called a title (T), or uncovers the client's goals; which is focusing on what the client does want. Then the session moves on to finding out what is going on right in their lives at the moment; which is referred to as events (E). These are pieces of the goal already apparent in their lives. After discovering what is going right, the client becomes aware of being able to do more of what is going right which is agency, (A). The session then moves on to the results of these actions or movement, (M). From there the therapist can ask about what the next step is which takes the process back to goals or title. Sessions normally follow a pattern of eliciting information about what is better, what is working, or what is wanted; magnifying the positive; reflecting; and starting over with producing more information (Hackett, 2006). Client goals are revealed and information is gathered by using specific questioning.

Questioning

All of this discovery and modifications in language is guided by vigilant questions. There are several standard questions that SFT is known for: the miracle question, relationship questions, scaling questions, coping questions, and questions about pre-session change (Hackett, 2006). The first question the therapist may ask is, "What kind of changes has occurred between the time when the appointment was made and the appointment itself?" This is a positive assumption that progress is already being made. The therapist will also ask the family how they will know that therapy has been successful and what needs to happen in the session for it to have been helpful. This is the

beginning of searching for a goal. To further define the goal, or discover it, the miracle question is asked. The therapist begins the miracle question by drawing a scene from the client in which they do their usual routines and go to bed and during the night, a miracle happens that solves their problem. However, the miracle happened while they were asleep so no one knows about it. The question is, how would they recognize that the miracle had taken place? What would be different in their lives? The therapist explores behaviors and reactions of everyone in the life of the client. These are the relationship questions. The questions are asked of everyone present in the session. The therapist asks for details and may continue to ask, “What else?” many times (Taylor, 2005). Following the miracle question and at various junctures during the interview, the therapist will ask clients to rate their motivation or confidence on a scale of one to ten then use that scale to help the clients talk about small steps and recognize progress. If the client is doing poorly or worse, coping questions are used to reframe the experience in a more positive light. This exposes the client’s strengths in asking how they were able to cope and keep things from getting worse (Taylor, 2005). While implementing these techniques into the session, clients often become impatient with the therapy process and the therapist must handle these situations in a positive manner.

Compliments

Another distinctive aspect of SFT is compliments. This theory does not believe in resistance and used compliments to counteract them. What others call resistance, SFT views as the family communicating to the therapist that the suggestions being made are not working for them (Berg & DeJong, 2005).

There are three types of compliments employed by SFT: direct, indirect, and self-compliments (Berg & DeJong, 2005). Direct compliments are sincere statements or interpretations of positive observations about what the family is doing. Families do not always accept these types of compliments. Indirect compliments are obtained by asking families what positive things other people might say about them. Due to the fact that these compliments come from those who know the family well, they are more readily accepted over those given by therapists who do not know them. Self-compliments are solicited from the family by asking questions that require them to talk about their successes and abilities. Self-compliments are the most powerful because they come from the client themselves and are more accepted and internalized (Berg & DeJong, 2005).

Compliments serve various purposes. They normalize, restructure, and affirm. They also act as a bridge to suggestions. Compliments serve to normalize the family's experience, restructure the meaning of the problem, and highlight the client's own solution building competencies (Berg & DeJong, 2005). Compliments also suggest next steps in the process of solution development. Normalizing helps the client to know that their situation is not uncommon and is understandable. This can help the client shift their understanding of the situation or problem. Restructuring helps to open the possibilities for the clients and counteracts the limits they have set for themselves. Affirmations draw the client's attention to their strengths and resources. When making compliments, therapists use family's language by echoing their phrases and metaphors. The compliments usually include

validation of concerns, recognition of competencies, and a suggestion for something to do between sessions (Berg & DeJong, 2005).

Homework and Task

The compliment leads to the way of homework suggestion outside of the session. These suggestions are prefaced by a bridging statement. The bridging statement can frame suggestions as research, experiments, crazy ideas, curiosities, or anything else that will have meaning for the family members (Berg & DeJong, 2005). The guidelines for suggestions are: keep it simple, emphasize possibilities, and design according to the client's degree of customer-ship (Reiter, 2004). Some examples of common ideas are asking families to notice when things have improved or notice what allows you to cope. Another illustration is to ask the family to do more of what they already know works (Reiter, 2004). Sometimes the family is asked to do something different, perhaps wild and extreme, than what they have been doing in connection with a mischievous child. There is also a predicting task where the family is asked to predict each night what kind of day the next day will be and then watch for evidence of that prediction coming true (Reiter, 2004). In cases where a child is viewed negatively, the therapist might assign the child a surprise task where they are to do something that will pleasantly surprise their parents between sessions. The child is told secretly not to make it too easy and not to do something too weird and not immediately after the session to keep the parents guessing. The parents are told to try and figure out what the surprise is. In the next session they make their guesses. In all these cases, most of the task is left up to the client to create. The therapist avoids being precise to allow more possibilities and

better fit (Reiter, 2004). Therefore, when working with families SFT therapist try to offer suggestions that encourage them to discover each other's competencies.

Conclusion

To conclude, outcome studies indicate that SFT has a positive effect in less time and satisfies the client's need for autonomy. Research has indicated that the approach is better suited to concrete issues such as child behavior problems and family growth and change in relationships; which is what has been out-lined in this paper (Gingerich & Eisengart, 2000). This paper also discussed the family life cycle and how SFBT can be used in repairing the relationship between family members by using specific techniques fit for families. SFT can be seen as a form of cognitive behavior therapy. Instead of reducing problems, the solution-focused question is: 'What would you rather have instead' (Taylor, 2005)? A lot could change for the better for both clients and therapists.