

Classic SF Paper

Introduction to 'Brief Therapy: Focused Solution Development'

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This paper, "Brief Therapy: Focused Solution Development", is regarded by many as being the 'original' Solution-Focused Brief Therapy paper, written by the original team members at Brief Family Therapy Centre in Milwaukee who developed the approach.

Solution-Focused Brief Therapy (SFBT), and the various broader applications of SF thinking that have flowed from it, developed in a particular historical context. One of Steve de Shazer's earliest publications (1975) places him firmly within the "strategic family therapy" tradition; or, perhaps, within the "strategic tradition" AND the "family therapy tradition". It is "strategic" because it sees the therapist's task quite explicitly as one of formulating interventions that break repetitive patterns of behaviour that are seen to support problems. Indeed, the paper uses the word "tactical" to describe the approach, in which solutions are therapist-derived. It is "family therapy" because these interventions arise from some kind of "assessment" by the therapist of the family system and identification of what the paper refers to as "covert family patterns". Interestingly, this paper shows the author's address as being Family Service of the Mid-Peninsula, Palo Alto, California, presumably around the time that he studied with the MRI group in Palo Alto.

The 1986 paper, republished here, is seminal in that it marks a significant shift in fundamental thinking. While the

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term “Solution-Focused Brief Therapy” does not yet appear, the paper presents the beginnings of an approach that is clearly solution-driven rather than problem-driven, and which is clearly interactional in focus but does not rest on the identification of hypothesised system characteristics. The authors acknowledge that they have deliberately modelled the title of the paper on that of the seminal MRI paper (Weakland, Fisch, Watzlawick & Bodin, 1974), published more than a decade earlier, since they want to be clear about what they see as the conceptual connection between the two papers (and the two approaches). However, they also point out that the original MRI paper and other Brief Therapy publications, up to and including de Shazer’s early papers, were clearly about how problems developed and how they could be solved. This paper represents a change of focus to solutions and how they may be developed. The key distinction is between solving problems and developing solutions.

Wallace Gingerich, one of the authors of the original paper, commented to me:

The paper laid out the basic shift in thinking that was going on at the time although the ideas and techniques were not yet fully developed. The focus on solutions, and helping clients develop solutions, was and still is at the heart of solution-focused brief therapy.

The emphasis on solution rather than problem – in this paper demonstrated primarily by the focus on exceptions (when the problem isn’t happening rather than on when it is) – was radical for the therapeutic world of the mid-nineteen eighties.

While it reflects a major, and radical, shift, the paper is also somewhat transitional, reflecting “work in progress”. Many readers may note that the SF Therapy described in the paper is somewhat different from that we embrace today. The approach is much more exceptions-driven than preferred future-driven, and “the complaint” is still a starting point.

Wallace Gingerich again commented:

On the other hand the approach described in the paper is clearly a transitional one that still assumes understanding complaints and interrupting problem patterns is important to change. Soon after publication of the paper we stopped asking about the complaint altogether, and quit thinking about resistance, and focused exclusively on solutions.

Indeed, another thing that is significant about the paper is that it describes the development of an approach that is clearly an empirical process. A theme throughout the paper is the importance of observation and research, and of building the evolving therapeutic approach on the basis of what is found to be effective (rather than on what a particular theory dictates). Thus, the paper includes a number of statements such as, “we have found it useful to . . .”, which reflect the pragmatic stance of doing more of what has been found to be useful. There is also an emphasis on more formal research and evaluation of outcome. From the beginning, SFBT developed within a context where research (and the associated accountability and transparency that result from that) was as important as therapy.

In this context, further development and changes (or refinements) to the approach were inevitable.

Nonetheless, most of the developments are implicit in this foundational paper. The miracle question is mentioned almost as an aside and the future focus did not yet represent a central part of the approach. However, the future focus is clearly present in this paper. Indeed, despite describing a process that (at this time) usually began with a description of the complaint, the authors make the somewhat radical assertion that, “Effective therapy can be done even when the therapist cannot describe what the client is complaining about. Basically, all the therapist and client need to know is: ‘How will we know when the problem is solved?’”. This assertion will be familiar to those of us who claim that the fundamental SFBT assessment is the establishment of the preferred future.

Brian Cade, a contemporary of both the MRI Brief Therapy team and de Shazer and the BFTC team, commented to me:

[The paper] describes clients as wanting change rather than resisting, and focuses on the fact that the smallest of changes can often be enough to introduce a more radical shift. It is also, I think, the first paper to begin to explore the nature of and construction of solutions and particularly to refer to the “construction of alternate futures”, something they were to go on to expand with the miracle question and scaling questions, etc.

Cade also comments on the paper’s contemporary relevance.

[The paper] is relevant, I think, because it firmly links SFBT into a tradition that goes back to Erickson’s work and the MRI brief therapy approach even though their later works moved away from the need to establish a clear complaint.

To de Shazer and his colleagues, their historical antecedents were important. They clearly locate their work within a brief therapy tradition, commenced by Milton Erickson and developed further at the MRI. McKergow and Korman (2009) observe that one of the radical and distinguishing features of the SF approach is its rejection of the notion that there are some internal psychological (or systemic) factors or mechanisms that must be identified and understood. In the 1986 paper, de Shazer *et al* clearly see this position as arising directly from Erickson’s work. Similarly, the concept of *utilisation* (using whatever the client brings) was elucidated by Erickson and is described here by de Shazer and his colleagues as the key to brief therapy. Utilisation clearly forms the foundation for a focus on exceptions and for a focus on cooperation rather than resistance. Similarly, they clearly see their approach as conceptually and procedurally related to the work of the Brief Therapy Centre at the Mental Research Institute (Weakland, Fisch, Watzlawick & Bodin, 1974). The MRI Brief Therapy approach is clearly different

from SFBT. It is unashamedly problem-focused (although NOT pathology-focused). Nonetheless, to the founders of SFBT, being part of the Brief Therapy movement was important and definitive. To de Shazer, “Brief Therapy” was the noun that named what they did. “Solution-Focused” became the adjective that distinguished their particular approach to Brief Therapy from those that came before. Further, they see this as being about concept not about length of intervention, as they comment in the paper about the “distinction between (a) brief therapy defined by time constraints and (b) brief therapy defined as a way of solving human problems” (de Shazer *et al*, 1986).

Finally, the paper offers an interesting historical insight into the practical operation of BFTC at the time of the early development of the approach.

Solution-Focused Brief Therapy (and the SF approach in other spheres) continues to develop. It will, hopefully, never be static and SFBT, as I practise it at least, is identifiably different from the approach described in this paper. Nonetheless, I believe that the history of the approach is important, understanding something of the broader Brief Therapy tradition is useful and the early development of SFBT is interesting.

References

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