



Lavoie Solutions

www.lavoiesolutions.com/matériel-gratuit/

Solution-Focused Brief Therapy: Good for the health and wellbeing of those who use it

The distress felt by practitioners is most often attributed to the severity of client symptoms, the lack of resources, the characteristics of the workplace, or the characteristics of the practitioners themselves. I do not want to deny the influence of these factors, but I would like to draw attention to another phenomenon. What if our clinical approach also has an effect on the psychological wellbeing of practitioners who are in contact with people in distress? Would it be important to consider this reason when choosing one approach over another?

I have been a psychologist for over 25 years. I have supervised, trained and mentored employees, peer helpers and volunteers who have chosen to help those who are suffering. I have met committed human beings, driven by a passion to help and to make a difference in people's lives. Too often, I learned that they, too, lived with distress. This has motivated me to raise awareness of Solution-Focused Brief Therapy (SFBT). Why? Obviously, I am aware of the positive effects of this approach on clients. These effects have been widely demonstrated (Trepper et al. 2012). But researchers have also reported unexpected positive effects for practitioners who use the approach (Trepper et al., 2011). Many of them have benefited from collateral effects on their health, their enthusiasm at work, and their compassion towards clients. Managers were also surprised to see a better work climate and a decrease in sick leave among employees trained in the approach. In this article, I will briefly describe SFBT, and then explore some of the variables that may explain the health benefits enjoyed by those who chose to use it.

A brief introduction to SFBT

SFBT is an approach based on skills and resources which minimizes the emphasis on past failures and problems (Bavelas et al., 2013). The questions asked allow the client to specify a preferred future. Since no problem is present all the time and with the same intensity, it is possible to find solutions that come from the clients themselves, by exploring moments when their symptoms are less severe. When practitioners change the focus, clients also change their focus. The two together look for small changes that can bring about larger changes.

If you look at a book on SFBT, you will find a list of questions that can be asked with clients. You will find detailed descriptions of the exchanges that take place between two people. The reason is very simple. This model was developed by observing interactions between practitioners and clients. Only the questions and affirmations that had a positive effect were kept. Without describing the approach as a whole, I propose to illustrate some of its essential elements, especially those that may explain the beneficial effects on the practitioners who use it.

Questions that emphasize the goals and capacity of the client

The nature of the questions we ask has a direct influence on the answers we get, both in our offices and in our daily lives. When we focus more on clients' hopes, successes, and what's going well despite the adversity they are going through, clients

tell us more about their hopes, successes, and what's going well despite the adversity they are going through. The number of minutes of exposure to suffering decreases and this decrease is measurable. There is no denying that this phenomenon has an effect on the practitioner's work day.

It is important to note that this focus is done with sensitivity and a great respect for the person who is suffering. If the client does not feel respected, we are using a solution **forcing** approach and not a solution **focused** approach. Being solution-focused does not mean denying or ignoring suffering. On the contrary- clients can talk about the problem, but the questions we use gently lead them to talking about their experiences in a different way.

Listening that focuses on client competencies and paraphrasing that focuses on their strengths

When clients talk about what makes them suffer, solution-focused practitioners listen and pay attention to what is admirable and impressive in these clients. When we look for the clients' strengths and solutions, when we look for their values and good intentions, when we are attentive to what they have done to keep things from getting worse, we literally change the focus of our listening. This increases the likelihood of discovering the skills of our clients. We also increase our chances of having more energy after a meeting.

You can test it. Choose a client with whom you feel helpless. For at least 5 to 10 minutes, listen for what is impressive about this person. Listen to them while asking yourself what value they are trying to defend, what positive intention causes them to react the way they do. Find a compliment or paraphrase that you might share to highlight the skills or values you recognize in what they have said. You may find that this listening is less heavy, and you may be surprised to hear this client differently. The focus of our listening can change what we hear and it can foster hope.

An inner dialogue that is better for the practitioner's health

When we work with SFBT, clients never put us in a position to fail, and they do not manipulate us. There are no passive or resistant clients. There are no people who are happy with their misfortune, who test us, or who do not want to engage. The reason people do not show these behaviours is that these are not behaviours. All these descriptions are interpretations. Unfortunately, it is common to hear these interpretations from practitioners. We hear these messages from colleagues- you have probably heard them in meetings or even in trainings. Some will say these are just expressions, that practitioners don't really mean them. However, each of these interpretations

can have an unpleasant emotional impact on the practitioner who thinks and says them.

SFBT asks us to focus as closely as possible on what is observable. We are interested in understanding exactly what the client actually said or did. For example, if the client did not do the exercise he was supposed to do, we say that he did not do the exercise he was supposed to do. That's all. If we have a hypothesis, we choose one that leads to action and assumes that clients are doing their best. For example: *I may have underestimated the level of difficulty. We will have to find something more realistic for next time.*

The client's behaviour is simply feedback. It tells us if the intervention worked or not. If it works, we continue. If it does not work, we stop and we do something else. Thinking in this way is, by definition, less tiring. This element of the approach (choosing an inner dialogue that does not make us feel frustrated or helpless) seems to me to be the most important aspect for improving the wellbeing of the practitioner. However, the following example illustrates how difficult it can be to change.

Compassionate discourse for oneself

A few years ago, I invited a group of training participants to stop using the word *resistance* about clients and to stick to the words actually used by clients in therapy sessions. While supervising role-play practice, I stopped to talk to two young practitioners who confided in me: *"We've got a resistant client here!"* I gently asked them to give me another way to describe the observable behaviours (exactly what the person said). The one in the practitioner role sounded discouraged. She said, *"I observed that I was incompetent"*. I had a moment of compassion for this young woman whose interventions were actually very good. She continued her reasoning by saying, *"If we can't say that it's the client's fault, doesn't that mean it's my fault?"* I answered her, *"What if it isn't anybody's fault? What if the client did her best, and so did you?"* These conversations underline how important it is to promote a compassionate view of the client **and** the practitioner. What is good for clients is also good for us. Many practitioners have incorporated this approach in their lives, by putting more emphasis on their successes, doing more of what works, and choosing realistic actions to move in the direction of their own preferred future.

Sharing hope with colleagues

Practitioners are often told not to be alone with suffering or with risk. It is important not stay alone with hope either. Breaking isolation is also important when we choose to adopt a more optimistic view of our clients. The following is an example that illustrates how positive venting can affect feelings towards a client.

A man had returned to a residential service after a third relapse. The practitioners who knew him did not want to see him, and those who had never seen him did not want to know him. In a supervisory meeting, I asked the team to take 10 to 15 minutes to list this client's positive qualities and resources, as well as the challenges he had overcome in his life. I wrote everything they said on the board. For this exercise to work, the staff volunteered to participate, knowing that the exercise was to help them to see this client differently. The goal was to make his arrival less difficult for everyone.

One person started by saying that the client was a good cook. Everyone had forgotten. Another added that he was direct and honest. Gradually, it became easier to identify and list positive qualities, and some were even interrupting others to add new items to the list. The dynamic changed completely when someone said, "He lost his job and his home twice, and he came back after living on the street, both times. I don't know if I could have done that- go so low and then get back up again, twice". There was a silence. The newest member of the team said, "Wow! Do you know how he did that?" An older member of the team replied, "No, but I can't wait to see him again to ask him." The team members were calmer, anticipating his stay with less anxiety. What we focus on will grow.

Conclusion

The focus of our questions, the way we listen, and the internal dialogue we choose can help us maintain our energy and vitality. For some, this way of doing things is natural because it is aligned with their own values and philosophy. But that does not mean that this philosophy is always easy to apply. Working in this way can be compared to mastering a musical instrument. The melody performed by the virtuoso only happens after hours of practice, mistakes and re-starts. I hope this article will encourage you to learn more about the solution-focused approach, but I would also like you to remember to be compassionate towards yourself no matter what approach you use.

Bavelas, J., De Jong, P., Franklin, C., Froerer, A., Gingerich, W., Kim, J., Korman, H., Langer, S., Lee, M.Y., McCollum, E.E., Jordan, S.S., Trepper, T.S. (2013). *Solution Focused Therapy Treatment Manual for Working with Individuals : Second Version*. Solution Focused Brief Therapy Association. Available at <http://www.sfbta.org/researchDownloads.html>

Franklin, C., Trepper, T., Gingerich, W.J., & McCollum, E.E. (2012). *Solution-focused brief therapy: A handbook of evidence-based practice*. NY : Oxford University Press.

Trepper, T. Franklin, C., Jim, J. (2011). *Solution Focused Brief Therapy Works*. Keynote presentation, Solution Focused Brief Therapy Association Conference. Beakersfield, USA.