

CPD: Skills Development Training  
**Psychotherapy Skills Toolbox**  
**BRIEF SOLUTION FOCUSED THERAPY**



**Jane Gallagher speaks to Paul Grantham, Consultant Clinical Psychologist, Founder of The Skills Development Service Ltd**

**January 2010**

**JG: What is Brief Solution Focused therapy (BSFT) and how does it differ from other therapeutic approaches?**

**PG:** Brief Solution Focused therapy (BSFT) is a therapeutic approach developed in the early 1980s that focuses on clients' strengths and on their past and present successes and how they might use these to overcome their present difficulties more effectively. It stands within a narrative therapy tradition that means it shares certain similarities with Motivational Interviewing (MI) but also draws strongly on systemic family therapy concepts, which encourages both its use of non-linear interventions and its use of client complements for example. Having said this, the approach has a thorough going philosophical position of its own for which the total avoidance of "problem talk" and its view of the interchangeability of cause and effect are two of its most famous conceptual tenets.

**JG: In your opinion what are the most important aspects of BSFT that enables it to be effective?**

**PG:** What first drew me to this approach during the mid 1990s was both how much it matched my own clinical experience with clients plus how it provided a helpful way of addressing many difficulties that often arose within therapy. The approach offers enormous benefits in increasing practitioner effectiveness. However, two aspects that are often not highlighted enough are the issues of increasing client motivation and decreasing dependency.

Firstly, its strong idiographic tradition means that it is able to individualise therapy in a way that few other therapeutic approaches can. It makes few (if no) prior assumptions about the content of "what works" and hence avoids a danger common to most therapies which arise from either trying to apply a theory to individuals or alternatively trying to apply statistically significant principles derived from controlled group research to individual settings. As a result BSFT is able to significantly minimise client resistance and allows the therapist to draw on a wide range of techniques to achieve this.

Secondly, by avoiding "problem talk" it acts as the most powerful antidote to client dependency I have ever seen, whilst still engaging the client. I find it fascinating that most therapists are typically warned about client dependency and are encouraged to dissuade or warn against it, yet it arises time and again for practitioners and is largely seen as something which is a product of the client. BSFT suggests otherwise and points to the fact that such dependency usually arises instead from the agenda and expectations that the practitioner (unwittingly) creates. When that agenda and those expectations are changed (through changes in the practitioner's behaviour), dependency problems significantly reduce.

**JG: Is there still place in therapists' "skills box" for BSFT now when CBT is so prominent?**

**PG:** I believe that CBT is a very effective therapeutic approach for a wide range of psychological problems. Its evidence base is good (though sometimes unfortunately over-egged) and I believe it should always have a place in therapists' practice. However....there are a number of points to make about it. CBT tends to be rather thin on issues of process in therapy. This means that failure to engage in therapy, resistance or drop out is rarely attended to in detail. BSFT offers a whole range of techniques that CBT therapists would find fairly familiar in their "feel" but which are useful in addressing such issues. For example, if you take the issue of "homework compliance". CBT has largely ignored both what the process of homework actually is and how it is best achieved. Scheel's 6 Phase Model is about as far as things go and although a useful protocol for how one might approach homework tasks in CBT it has little to say in helping clients to overcome the difficulties they might have in completing homework. BSFT has a whole series of techniques for helping clients

to practise or complete things outside the therapy room that build confidence and ability. From a personal perspective I have found the application of BSFT techniques to the CBT elements of my work enormously helpful.

**JG: Can BSFT be used in other areas of healthcare and behaviour change – outside the therapy room?**

**PG:** Yes. It both can be and has been used in a broad range of contexts and there is good outcome literature to back it up in many of these areas as well. Firstly, in healthcare it has been used within such diverse areas as orthopaedics, speech therapy and dietetics, amongst others. Secondly, it has been and is still being widely used with children and young people in classrooms, colleges and in community centres to both improve student performance and to address a range of problem behaviours. There are a whole range of client groups and problems in the social care field where it has been used - from perpetrators of domestic violence to those with learning disabilities. It is well established now as a tool for organisational change and management development and I was pleased to read last year the first article ever (to my knowledge) on its application within the sports psychology field to golfers! So yes... it's been established in a very wide range of areas outside the therapy room.

**JG: Some practitioners believe that BSFT is only effective for certain cases – say – less complex, or with more articulate clients. What does your experience tell you about it?**

**PG:** BSFT requires only two things of its clients.

Firstly that they are willing to talk to the practitioner about SOMETHING that they would like to be different in their life and secondly that they can remember what they talked about afterwards. There are obviously some people who do not fit this requirement. However, these are probably the broadest inclusion criteria most of us are likely to come across! Being articulate is no requirement. In fact my own experience suggests that in some instances - in answers to the Miracle Question for example - that "being articulate" may even make it harder (though not impossible) for the client to engage.

Regarding complex vs. simple cases, I strongly believe that BSFT really shines. With complex cases therapists can all too easily either get lost in the detail of the problems or find that their pre-determined protocols or programmes get rejected. BSFT however, by focusing on solutions rather than the problems, is often able to cut through or bypass many of these difficulties. I find Einstein's thoughts on this issue very helpful: "We can't solve problems by using the same kind of thinking we used when we created them." In other words thinking through how the problem came into being and how it is maintained is not necessarily helpful in solving the problem.

I remember a client I worked with who had been variously described as "seriously emotionally damaged" having a P.D. diagnosis and being "high risk". Her case notes could be measured in inches and she was well known to multiple services, none of whom felt optimistic about her. When I first saw her she rapidly alternated between expressing despair and aggressively telling me everyone was rubbish and that she knew that I'd be even worse. We started off by looking at the question of why things were not worse than they were and what it was that she had done to prevent that. This led into subsequent explorations of both how she had developed an intimate knowledge of how statutory services worked and separately how she would like to be remembered after she died. I remember I worked with her for 7 sessions over nine months. She was discharged after she began talking about how she might do voluntary work with Citizens Advice. Oddly enough I discovered recently that one of my other clients had used her services!

**JG: I know you've run a series of seminars on BSFT in the past. How were they received?**

**PG:** What I found most striking about the feedback was how so many people from so many different theoretical backgrounds got so many different things from them. I think for most people who had been unfamiliar about the approach, the most common response was "refreshingly different" and how the approach could be incorporated into what they were already doing. Although BSFT represents a whole theoretical approach in its own right, it also lends itself to being used in a "pick and mix" way so that many techniques can be bolted onto therapists' existing practice. I remember one therapist from a person centred background asking me whether Rogers and De Shazer had ever met (they never did incidentally) and another saying

that they wondered why the approach had not been more overtly incorporated into psychodynamic exploratory approaches. The approach is genuinely "big tent" in its application.

**JG: What prompted you to develop a new course on BSFT? How different is it going to be to other courses you have taught?**

**PG:** Well...this is a totally new course. New design, new case studies and video illustrations, new content. It revisits basic concepts at the beginning of the day for those unfamiliar with the approach but the rest of the programme is totally novel. The main focus is on problems with the practical application of BSFT ideas and how it can be used with complex and difficult cases. For instance we explore in detail how to address the question of what to do when the Miracle Question "doesn't work" or how to use BSFT with clients who do not think they need any help and do not want to discuss things at all. We are also giving a great deal of time over to participants being able to bring along their own "stuck cases" so that we can generate creative options to help them move forward. Finally we are going to look in detail at some particular BSFT techniques that often don't get much publicity such as "Mutualising" and the use of the "Prediction Task" which offer additional interventions for the practitioners' tool box.

**JG: Is there anything from BSFT that you use in your personal life? What have you learnt yourself? Can BSFT help the therapist as well as the client?**

**PG:** I have always had a very strong belief that all therapies should be reflexive and that whenever they are solely talked about in terms of their application to "others" i.e. clients, they are lacking in some way. I use BSFT in a variety of ways. Most importantly I focus on what I've already done to contribute to solutions whenever I'm confronted by problems. My mother recently nearly died and needed emergency surgery. I was confronted with the issue about how I would cope. This was particularly distressing because I left I had no real experience of dealing with death in my family. Focusing on how I had dealt with other previous losses in my life was particularly useful. My gut instinct these days is to assume that I have past experience to draw on in dealing with problems and focusing on examining that rather than treating any issue or stress as either something novel or

alternatively something whose causes I must unravel in order to address it.

Finally, I think the approach has made me more both creative and more optimistic as a human being. I think its developed my ability to problem solve by helping me to be open to whatever might work (without pre-conceived ideas) and I'm told by those that have known me for decades that I smile more now! Not of course that I never did before, but I'm told I have a sunnier disposition. Although I might not always think that myself, I have to believe it when the feedback comes from others.

**JG: Thank you! Looking forward to your new seminars.**

**PG: Hope to see you all there.**

**Paul Grantham leads SDS seminars on ALL NEW BRIEF SOLUTION FOCUSED THERAPY (Including work with complex and difficult cases):**

<b>09 March 2010</b>	<b>Belfast</b>
<b>10 March 2010</b>	<b>London</b>
<b>11 March 2010</b>	<b>Harrogate</b>
<b>12 March 2010</b>	<b>Nottingham</b>
<b>16 March 2010</b>	<b>Birmingham</b>
<b>17 March 2010</b>	<b>Bristol</b>
<b>18 March 2010</b>	<b>Portsmouth</b>
<b>23 March 2010</b>	<b>Glasgow</b>
<b>24 March 2010</b>	<b>Newcastle</b>
<b>25 March 2010</b>	<b>Manchester</b>
<b>26 March 2010</b>	<b>London</b>
<b>29 April 2010</b>	<b>London</b>

