



SOLUTION-FOCUSED BRIEF THERAPY

Its Effective Use in Agency Settings

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Solution-Focused Brief Therapy *Its Effective Use in Agency Settings*



*Pre-publication
REVIEWS,
COMMENTARIES,
EVALUATIONS . . .*

Pichot and Dolan have successfully demonstrated the skillful application of the art and science of solution-focused therapy in their book, *Solution-Focused Brief Therapy*.

The authors have produced a work that will assist novices and experts of all disciplines. This thought-provoking work challenges traditional treatments and offers fresh ideas on a client-focused model that keeps the locus of control where it truly belongs—with the client. Pichot and Dolan define the role of the therapist as a change expert, and the role of the client as a self expert. This point of clarification emphasizes that it is from the partnership of these two experts that miracles happen.

The authors extend the use of solution-focused therapy outside its traditional confines to the world of supervision and management—an intriguing leadership technique that has the potential to build a strong, dynamic clinician and treatment plan. This book is stimulating, inspiring, and a practical guide to developing and sharpening skills."

Ruby J. Martinez, RN, PhD, CS
*Assistant Professor,
University of Colorado School
of Nursing; Vice President,
National Latino Behavioral
Health Association*



More pre-publication

REVIEWS, COMMENTARIES, EVALUATIONS . . .

"In this book, therapists have at their fingertips a road map for navigating agency policy and politics, and utilizing the client's natural inclination to distrust the 'system.' This is a wonderful book for both beginning and seasoned therapists who want to find an effective way to work with externally motivated populations. Pichot and Dolan bring a creative and concise style (like the solution-focused model they elegantly detail) to this book. It will be of interest to any therapist who has ever worked for or with an agency that serves mandated clients. The chapters on the miracle question, working with adolescents, and interagency diplomacy are exceptional. Although these topics have often been written about, the authors' ability to communicate their rationales for using various techniques and interventions make the reading accessible and persuasive."

Jeffrey Goldman, LCSW, BCD
*Director, Peaceful Alternatives
in The Home (PATH),
Denver, CO*

"This thoughtful and inspiring book provides detailed and practical guidelines for working with drug abusers. A joy to read, it touches the heart of the reader in showing how a courageously respectful attitude helps even the most resistant clients to leave their old habits behind and improve their lives. Pichot and Dolan show how to tackle in a creative and resourceful way the tricky problem of working

with mandated clients and their referral sources. They offer detailed treatment plans and protocols on a wide range of topics, from individual and group therapy to team supervision, and show how to release the untapped creative energy of both staff and clients."

Luc Isebaert, MD
*Senior Consultant,
Department of Psychiatry
and Psychosomatics,
St. John's Hospital, Bruges, Belgium;
President, Bruges Group;
Head of Teaching Faculty,
Korzybski Institutes of Bruges,
Paris, and Netherlands*

"Pichot and Dolan do a wonderful job outlining applications of solution-focused techniques and tackling the extremely difficult undertaking of 'interagency diplomacy.' Communicating with other agencies is necessary. As many solution-focused therapists have experienced, such communication can create alienation. Pichot and Dolan give wonderful insights about co-creating collaborative relationships with those not practicing solution-focused therapy. A must-read for agencies seriously committed to integrating solution-focused principles and techniques beyond a superficial level."

Tracy Todd, PhD
*Consultant to the Substance Abuse
Counseling Program, Brief Therapy
Institute of Denver, Inc.*

More pre-publication

REVIEWS, COMMENTARIES, EVALUATIONS . . .

"After serving for twenty-five years as professor or chair of the Department of Human Services at MSCD, I am pleased to finally read a text that so effectively addresses the intricacies of implementing a solution-focused approach at an agency level. While numerous publications elaborate on the strategies for using solution-focused therapy, Pichot and Dolan are the first to detail its adoption as an agency-wide model. With a sensitivity that can only come from years of personal experience, Pichot and Dolan describe their struggle to offer a solution-focused approach to a problem-focused world. Their eventual success in this challenge makes this book essential reading for both treatment administrators as well as agency staff hoping to implement a solution-focused approach in their centers."

J. Michael Faragher, PsyD, CACIII
*Dean, School of Professional Studies,
Metropolitan State College of Denver*

"At a time when many agencies, driven by the influence of managed care and economic rationalism, have adopted more pathologizing and problem-focused approaches to service delivery than ever, these authors break new ground. Providing a fresh and optimistic alternative, they demystify the process of working with a solution fo-

cus in an agency serving a substance abuse population.

This book is valuable for anyone working in any agency environment. The authors clearly illustrate specific 'difficult' clients. They expand the model to group work, supervision, work with adolescents, case management, and more. Finally, they offer principles and methods for learning to speak ideologically bilingual, and work effectively with professionals whose dominant discourse is problem focused. This timely book is a must-read for beginning and advanced clinicians, caseworks, supervisors, and managers of agencies. Buy one for yourself, one for the library, and put the ideas into practice!"

Jim Duvall, MEd
*Director, Brief Therapy
Training Centres International™,
Toronto, Canada*

"Solution-Focused Brief Therapy is an enticing exploration that extends solution-focused therapy into new territories. Creative and well-grounded, it should be required reading for the practice of contemporary psychotherapy."

Jeffrey K. Zeig, PhD
*Director,
The Milton H. Erickson Foundation,
Phoenix, AZ*



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To Irene Ogle, my maternal grandmother
who believed in the inherent goodness of people. YD

To Mark, my best friend and life partner. TP

ABOUT THE AUTHORS

Teri Pichot, LCSW, began her career as a psychotherapist in 1989 and holds the highest level of both state and national certification as an addictions specialist. A widely published author, Ms. Pichot has designed and implemented innovative programs that utilize solution-focused therapy with both adults and adolescents. She is currently the program manager of the Substance Abuse Counseling Program at the Jefferson County Department of Health and Environment in addition to maintaining a private practice in the Denver area.

Yvonne Dolan, MA, has been a psychotherapist since 1977. She conducts training in solution-focused and Ericksonian therapy and maintains a private practice in Denver. Ms. Dolan is the author of *Resolving Sexual Abuse: Solution-Focused Therapy and Ericksonian Hypnosis for Adult Survivors*, *A Path with a Heart: Ericksonian Utilization with Chronic and Resistant Clients*, and *One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy*, and is co-author of *Tales of Solution*.

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Foreword

This book is an important contribution to the field of substance abuse treatment, and it is particularly important to those programs and their staff that are contemplating the transition from a traditional treatment model to a more efficient, effective, and respectful method of working with clients who have suffered so much.

At times, it is difficult to remember that Teri Pichot manages a publicly funded program that exclusively treats clients with heavy-duty diagnostic categories and some tough, at times life-threatening, problems. Teri Pichot has an amazing ability to see through those problems, along with clients' initial "attitudes" that do not win the hearts of many counselors, and to uncover clients' creativity, goodwill, and resourcefulness that they use to get their lives back on track. Beneath her optimistic, hopeful, and respectful view of clients' abilities lies a very realistic, pragmatic, and tough backbone, which she needs to deal with the reality of funding sources and credentialing bodies' demands for accountability. She has a way of turning every stumbling block into a useful opportunity to rise above the problem and learn from it. I always thought that such mettle, professional intuition, and wisdom required years of life experience to acquire, but Teri proves an exception.

Yvonne Dolan's gentle and lovely storytelling style turns what could potentially be mundane material into a captivating and lively storybook. I had a hard time putting down the book once I began to read.

The book contains not only the familiar solution-focused brief therapy tools such as miracle, scales, coping, exception-finding questions, and others, but also detailed descriptions of how to structure a group therapy session, format supervision, relate to and work collaboratively with referring sources, and even how to write session notes that will satisfy problem-focused credentialing bodies.

Although written for professionals working in substance abuse treatment programs, this book is a useful resource for workers in

many other programs, such as community mental health centers, residential treatment programs, day care facilities, schools, halfway houses, and many other human services providers and their agencies. I also recommend this book to program managers and consultants.

*Insoo Kim Berg
Milwaukee, Wisconsin*

Preface

I (YD) meet many people in our field because I teach training workshops on solution-focused therapy and Ericksonian hypnotherapy. I have been conducting these workshops throughout the United States and abroad since 1989, and over the past decade I had become increasingly concerned by the descriptions of apparent exhaustion, weariness, and burnout I heard about almost routinely from my colleagues.

I assure you, these folks were not what you would call whiners. In fact, many of them were among the most dedicated and hardworking professionals one could ever meet, but they were in many cases contemplating leaving their jobs because, as they told me, “Morale is at an all-time low at the agency where I work. Something has to change, or I just can’t go on.”

Every time I heard this, I could not help but think of an agency near my hometown of Denver, where the therapists always seemed energized and creative. Staff turnover was at an all-time low, and their clients were consistently evidencing significant and lasting progress in recovery from drug and alcohol abuse. Most of these clients were involuntary, court-mandated clients who initially did not want to come to treatment! I kept thinking of my colleague Teri Pichot and her team. Over and over again I had watched them work effectively with multiproblem, court-mandated clients. The staff always looked vibrant and healthy and the team had a reputation for maintaining an environment characterized by lots of humor and enthusiasm as well as high clinical standards. I kept asking myself, “How does she (TP) do it and how does her team do it?” This book is, among other things, an attempt to answer that question.

We also wanted to provide our colleagues with access to some of the very practical aspects of using the solution-focused approach that Teri and her team learned from working with multiproblem, court-mandated clients day in and day out in a community-based agency setting. Of course, there was also the fact that deep in our hearts Teri

and I were both rebels of a sort. We had dared to question some of the clinical advice we had been given early in our careers. We learned a great deal as a result, and we were ready to share what we had learned.

Not surprisingly, the most challenging cases and situations taught us the most, and this book reflects that. Throughout the pages of this book we invite you into our offices, to sit in on team discussions, and even to eavesdrop occasionally on our private midnight ruminations, in which we will share with you the best of what we have learned from our wonderful clients and colleagues.

Acknowledgments

First and foremost, I (TP) would like to thank the clients of the Substance Abuse Counseling Program (SACP) for all that they have taught us during this journey. They have demonstrated the power of change and the importance of setting aside the “expert” role to take the time to hear their wisdom. They are the true teachers to all of us.

Second, a special thanks to my administrators, Elise Lubell and Dr. Mark Johnson. Without them and their acceptance of change, solution-focused therapy could not have been implemented to the degree it has been at this agency. They are unquestionably the most supportive administrators with whom I have ever had the privilege of working. They have welcomed my ideas and have been open to the changes made in the Substance Abuse Counseling Program. They have perfected the art of remaining skeptical enough to ensure that new ideas are sound, while embracing innovation. They have stood beside me through the tears and laughter that accompanied this transition, for which I will always be grateful.

I especially want to thank my treatment team: Marc Coulter, Calyn Crow, Brian Duncan, Jonathan Heitsmith, Karen Nielsen, Darla Oglevie, Megan Shea, Diane Strouse, and Charlene Wilson. Regardless of how long each has been a part of the team, each has had a unique role in our transition to using solution-focused therapy. This tremendously talented and dedicated group of therapists has taught me so much! Their humor, dedication, curiosity, and love of this approach has brought the team through the difficult times. I have spent hours with this wonderful group of people, and I have come to love and appreciate them all. In addition, Megan was there on countless occasions (despite her own heavy workload) to help solve my computer problems and to allow me to bounce ideas off of her. She, Calyn, Jon, Char, and Darla took the time to repeatedly proof the manuscript to ensure it was understandable and to find the many typos that can plague a project such as this.

In addition, I want to thank our administrative support team: Twyla Hassel, Lisa Gray, Jennifer Drago, and Lisa Emanuel. Their support, flexibility, and help with deadlines and countless day-to-day tasks are invaluable to this program's success and were instrumental in maintaining my sanity during this project.

I would like to say a special thank you to Steve de Shazer and Insoo Kim Berg, for without their pervasive influence on my way of thinking and viewing the world, this book would not have been possible. They are probably unaware of how deeply they have impacted my work. In addition, I would like to thank those of you who took me "under your wing" (especially Charlie Johnson) to challenge my thinking and introduce me to a new way of working with clients. I am forever grateful.

Last, I would like to thank the Substance Abuse Counseling Program's advisory board members: Dr. Ruby Martinez, Dr. Tracy Todd, Dr. Michael Faragher, Dr. Connie Beehler, retired Judge Don Abram, Yvonne Dolan, Gene Giron, and Commissioner Rick Sheehan. Their dedication to providing ideas and guidance on behalf of substance-abusing clients in Colorado and to volunteering their time to ensure that the full continuum of alternatives is available to clients is truly appreciated.

As always, I (YD) am grateful to my wonderful colleagues and dear friends, Insoo Kim Berg and Steve de Shazer, for their inspiration, instruction, and support. A big hug to Terry Trepper for giving this book a home and for his generosity of spirit. Many thanks to the Jefferson County SACP team and especially to Teri Pichot for the privilege and pleasure of observing her work. I am grateful for the encouragement and support of Charlie Johnson early on in this project. Thanks to each of you from the bottom of my heart.

Introduction

WHY CHANGE AN ENTIRE AGENCY'S FOCUS TO SOLUTION-FOCUSED THERAPY?

During my (TP) training as a therapist, a professor told me that therapy is an art, and that I was to learn myriad theories so that I could use these concepts as the medium for this art. I was excited! Art implied creativity, a sense of purposeful spontaneity, and enjoyment of the process. The concept of blending the structure of theory with the unpredictability of humanity seemed just what I was hoping for. However, once I began to work in the field of substance abuse treatment, I quickly learned that theory was often not a driving part of the therapy process. Some agencies had a governing theoretical basis, yet the therapists often used what had worked for them in their own lives, and many readily shared their own stories of recovery in an effort to assist the clients in making changes. This was often effective. Other times, it was not. It was difficult to ascertain why a given intervention was chosen and what the desired outcome was. Therapists often seemed puzzled when I asked for the reasoning behind their interventions. I was frequently told, "I don't know why I asked that. Just a gut feeling, I guess." When I asked what theory they were using, they often claimed to be "eclectic."

Somewhat discouraged, I hoped that observing these therapists complete substance abuse evaluations would enlighten me as to how assessments were made and what the desired result was (other than to stop using substances, of course). Unfortunately, this did not provide the insight I desired, for the therapists' evaluations often appeared to be based on therapist assumption rather than on what the clients had reported or on evidence. I often wondered why, when lacking clear information, therapists would assume the worst about client behavior and intentions rather than assume the best.

As I continued to learn from my more experienced peers, I saw clients and therapists engage in power struggles as they disagreed on

what the clients' problems were and what the clients' solutions should be. I watched as many therapists complained about client behavior, lost hope that client change was possible, and then left their jobs or the field of substance abuse altogether. High staff turnover and burn-out appeared to be expected, and a lack of agency and team stability was part of the norm. The clients' successes were often overlooked or minimized in an effort to ferret out and resolve problems. Recovery was viewed as a lifelong process, and small changes that clients made were seen as tenuous and not predictive of long-term success. Both therapist and client appeared to be disempowered, discouraged, and overcome by a sense of hopelessness. Even the therapists who remained loyal to the field often cautioned, "Get out while you are young." My enthusiasm and belief in the clients' changes were viewed as naive—a common beginner's error.

As the years passed and I gained maturity and experience as a therapist, I came to realize that my early experiences in the field of substance abuse were not the exception. I decided that in order for me to find the art and the fulfillment of being a therapist, I had to actively seek it. I was introduced to solution-focused therapy (de Shazer, 1985) when I attended a controversial workshop about using this approach with couples who were experiencing domestic violence. The workshop leader spoke about the desire of both parties to have a safe home, and how many professionals overlook this mutual goal by focusing on the problem of violence. He stated that clients' problems often resolve themselves when the therapist focuses on how the clients want their lives to be. This approach made sense to me, and I absorbed any information I could find, eager to learn how to work with clients in this respectful way. I was intrigued by the simplicity of the approach and the incredible client results I witnessed in a short period of time. I surrounded myself with mentors who would challenge my thinking and hone my understanding of these concepts. I was hooked! I began to wonder how powerful this approach would be if an entire substance abuse counseling program adopted this practice of working with clients. The impact on staff and clients could be tremendous. When I became a clinical supervisor, I put my ideas to the test—secretly at first, hoping to test the waters with minimal risk to my career. As my confidence grew with each success, I became determined to lead a strong team of substance abuse therapists who were

rooted in theory and purpose. Unfortunately, my newly acquired team of therapists did not share this vision.

I saw my new role as a challenge for me to foster curiosity within the team. If these traditionally trained therapists could become curious, they could become respectful of change and purposeful in their interventions. I decided that the only way to change their thinking was to allow the evidence to be their teacher. So, I began to question everything. I asked them to tell me why they chose the interventions they did and where their evidence was that the intervention worked. What would the clients tell me about what worked and how a given intervention applied to them? It was amazing to see the therapists begin to question. Underlying assumptions came to light and were challenged, and the therapists began to be excited. An amazing journey had begun.

I would be remiss to imply that this process was painless or easy. Some staff members left, and many unexpected issues surfaced along the way. The first was how ingrained traditional substance abuse treatment concepts were in the staff. Miller and Berg (1995) state, "The typical alcohol counselor . . . is bombarded with information that is, by and large, limited to the 'three Ds': disease, denial, and dysfunction" (p. 12). The therapists were often unaware when they had slipped into using traditional interventions. Using solution-focused therapy requires much more than a rudimentary understanding and ability to apply the techniques. It requires an integration of the underlying principles. Without this, therapists often fall back on how they were initially trained. The therapists had to become aware of their automatic judgments, assumptions, and agendas. Although the basic tenets of solution-focused therapy are quite simple, this approach requires that therapists become genuinely curious and that they trust the clients to be the experts in their lives. This is extremely difficult to master and quickly became the primary theme of our journey. As the therapists began to challenge their assumptions, to be accountable for their clinical decisions, and to see positive results in the clients, a sense of team ownership and commitment emerged. Staff turnover and burnout decreased, and staff morale markedly increased.

The second issue we discovered was a lack of acceptance of our approach by other therapists and by governing bodies. We often dealt with other professionals who firmly believed that they were solution focused, yet they did not adhere to the underlying principles of this

approach. Agencies attempted to mandate solution-focused concepts; however, we often found that these mandates were actually problem focused in nature, and the client's agenda was often overlooked. We also struggled to maintain our solution-focused approach amid mandates to remain problem focused. For example, all licensed agencies in the state of Colorado are required to assess clients from a problem-focused perspective regardless of their theoretical approach. The following is a list of the elements that must be assessed in each client:

Functional and dysfunctional aspects of psychological patterns and family and social structures including histories of physical, emotional, and sexual abuse; biological systems including current physical and mental health status and client and family health histories; client and family alcohol and other drug use/abuse histories; factors affecting client, family, and community safety; leisure-time activities; education and vocational history; religious or spiritual life; legal status; life skill acquisition; information from previous treatment experiences; cultural factors including racial and ethnic background, age, gender, sexual orientation, and linguistic abilities; physical and mental disabilities; personal strengths; and motivation for treatment. (Colorado Department of Human Services [CDHS], 1999, p. 5)

If the client is a woman, licensed agencies in Colorado are mandated to ensure that therapeutic services and treatment planning specifically address the following issues: alcohol/other drug abuse; emotional, physical, and sexual abuse; relationships; mental health; and parenting (CDHS, 1999). Although the relevance of many of these required elements is not in question, the evaluation and inclusion of these issues are clearly the agenda of the professionals rather than the client. There is no suggestion to assess the client's perception of what issues are of importance or to assess the client's view of the solution. This means that we had to continue to assess the problem in order to maintain our Colorado license and then implement a solution-building approach in addition.

The third issue was a lack of literature to assist in explaining the subtle concepts of solution-focused therapy, specifically in our work with agencies. The approach itself has been described as simple (de Shazer, 1988; Berg and Reuss, 1998; Metcalf, 1998); however, it is very difficult to integrate this approach in the work with clients.

Therapists often read the available literature, tried a described intervention, and then became discouraged at the lack of expected results. They often questioned whether this approach would work with their client population. The literature seemed to be lacking information about the personal struggle that therapists endure during the paradigm shift from problem to solution focused.

We also discovered that available solution-focused literature was often tainted with problem-solving concepts. Solution-focused therapists are often described in the literature as suggesting problem-solving interventions (Metcalf, 1998; Department of Health and Human Services [DHHS], 1999). The focus is often on strengths and exception finding (Metcalf, 1997, 1998; Selekman, 1997; DHHS, 1999) rather than on utilizing the miracle question (de Shazer, 1988, 1994; Berg and Miller, 1992; Berg, 1994; Berg and Reuss, 1998) to reach a place in which the problem does not exist. Much of the literature approaches solution building from the front end of the problem. This results in increased confusion by the therapists about the differences between solution-focused therapy and problem solving.

In order to minimize this confusion, we depended heavily on video training tapes from the Brief Family Therapy Center in Milwaukee, Wisconsin. In addition, we relied on the original works of Steve de Shazer (1985, 1988, 1994), Insoo Berg (1994), and the combined work of Insoo Berg and Scott Miller (1992; Miller and Berg, 1995) and Insoo Berg and Norm Reuss (1998).

The final issue was the awareness that the more we learn about this approach, the more we have to learn. This is not an approach that one can study, apply, and master. We have discovered that the more we try to apply these basic concepts to all areas of our team and the more success we experience, the higher our expectations of ourselves become. We have learned that both the potential and the impact of this approach are endless, and that our understanding of solution-focused therapy would be best viewed as a journey rather than a destination. Although this can be frustrating at times, it fuels our excitement, curiosity, and enthusiasm. As we apply this approach and use the underlying concepts as the structure for our interventions, we are able to be creative and spontaneous—some might call this art. This is what we find energizing and what solidifies our team.

Now, seven years after our journey began, we invite you to read our stories, learn from our frustrations and successes, experiment with

the applications we have discovered, and join us on our journey. It is a journey to look beyond client problems, to a place where miracles are a reality. We hope that our curiosity becomes contagious and that our vision touches your life. We wish you the joy of purposeful spontaneity—the art of psychotherapy.

WHAT TO EXPECT FROM THIS BOOK

This book is intended as a practical guide for people (therapists, supervisors, and administrators) who want to implement the solution-focused (SF) approach in individual, group, or agency settings. Although the examples given involve an outpatient treatment setting, this approach can be used in myriad other therapeutic modalities involving multiproblem clients. Our agency's primary population consists of clients that are struggling with substance abuse. However, the concepts and methods described in the following pages are not limited to drug and alcohol abuse, protective service issues, or court-mandated treatment work with reluctant or court-ordered clients. Our hope is that these concepts and ideas can be readily generalized to the agency or setting in which you work and will be beneficial to your work with your population.

The following is an overview of the chapters of this book:

Chapter 1: The Solution-Focused Basics

This chapter provides a “master recipe” for the solution-focused approach and reviews its basic tenets, highlighting points of contrast with major traditional approaches. Special considerations are given to implementation of the approach in agency settings.

Chapter 2: Individual Session Road Map

This chapter provides a step-by-step “map” of how an agency can implement the solution-focused approach individually with substance abusing, court-mandated, and other clients. Also included are special considerations for working with angry and reluctant clients.