Solution-Focused Brief Therapy in School Settings

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Abstract

The model of Solution Focused Brief Therapy (SFBT) offers an appropriate application for intervention in the school setting. Demands within the school setting and large caseloads present challenges for school psychologists, counselors and social workers. The pathology oriented medical model remains predominant in therapeutic approaches. SFBT offers an alternative to the pathology model in the school setting and is a departure from the traditional extended therapy which focuses on diagnoses, disability and pathology. Within this model, solution-building is an integral aspect, as opposed to an emphasis on problem identification. Technical and conceptual differences between brief therapy and extended therapy will be presented. The techniques of assessment and intervention, as well as the limitations and implications of SFBT will also be addressed.

**Introduction**

Reaching people in their natural environment can be a key indicator for successful therapeutic outcomes. Students spend a majority of their time in their school environment which is where they learn skills for problem solving, socialization and positive interactions with others. Collaboration between school staff, students and parents emphasizes the Person in Environment approach. However, many children continue to experience daily struggles within this environment and behavior problems seem to be escalating. As a result of federal, state and county budget cuts within the schools and a subsequent decrease in school counselors and social workers, mental health professionals are challenged with looking at more efficient and effective alternatives to traditional models of therapeutic interventions in the school settings.

Traditionally, resolution of school problems focused on the individual child’s pathology rather than being viewed as an environmental issue. A team or systems approach is a viable consideration when determining a child’s academic and social success. According to Williams (2000), “the traditional model applied to help students with troubles at school ignores much of what we have learned to be true about the working of systems” (p. 76). Davis and Osborn (1999) state “solution-focused counseling represents a positive, competency-based perspective to the problems experienced by individuals and organizational systems alike” (p. 41). Davis and Osborn’s research wanted to determine how schools could be transformed from a problem focused environment to a solution-focused environment which could foster positive change. This strength-based philosophy and SFBT model appears to be worthy of exploration for application in the school setting. By focusing on solutions rather than problems, students can be encouraged to create positive change while utilizing their strengths and competencies. Brasher (2009) found that several studies researching the effectiveness of SFBT in school settings demonstrated that SFBT showed promise in obtaining positive outcomes.

**Theory Review**

**Assumptions and concepts of SFBT**

Brief therapy originated from the field of family therapy. SFBT evolved from the work of Insoo Kim Berg and Steve de Shazer at the brief family therapy center in Milwaukee, Wisconsin, in the early 1980’s. De Shazer’s work was greatly influenced by Milton Erikson and John Weakland. SFBT is a relatively new model of short-term intervention which can be applied across a wide variety of practice settings and applied to various populations. In contrast to a problem focused orientation, this type of therapy utilizes brief or short term counseling in which solutions are identified and explored (Davis and Osborn 1999). According to Corcoran (2006), “solution-focused therapy has a unique orientation toward non-problem times” (p. 69). Corcoran (2006) states “the purpose is to help people target and amplify resources and strengths toward change.” (p. 69). Although the origins of SFBT were not initially school focused, there have been recent efforts to apply it to school problems (Murphy, 1994).

 Corcoran and Stephenson (2000) state that the central philosophy of SFBT is the idea that clients have strengths and are capable of making their lives more satisfactory by discovering and utilizing these strengths. Within SFBT, there is an emphasis on solution building, as opposed to problem solving. Therapists utilize the idea of “solution talk” rather than “problem talk”. According to Gingerich and Wabeke (2001) the core therapeutic task is to help the client envision change and identify ways to make change possible. Brasher (2009) concludes “the therapist’s role was to assist clients in discovering their past successes, resources, and strengths in order to create solutions” (p. 21). The SFBT approach is focused, time sensitive, pragmatic, cooperative, competence-based and future oriented. Clients and therapists will be setting realistic goals, exploring whether change is already happening and identifying what it will take to keep the change going as well as monitoring the change until the client is confident they can maintain it (Gingerich and Wabeke, 2001).

 In order for therapy to be considered solution-focused, at least three main process sequences are necessary per session (Franklin, Biever, Moore, Clemons & Scamardo, 2001). The therapeutic sequences include utilization of “the miracle question”, scaling questions, and compliments which are sometimes followed by homework tasks at the session conclusion. According to Davis and Osborn (1999), “identifying and highlighting exceptions or non-problem occurrences is an essential aspect of solution focused counseling.” Exceptions, as defined by Brasher (2009), are times when a problem is not as severe or is absent. Coping questions are another significant aspect of SFBT. These questions “elicit the attention away from client’s fear of problems to helping them find inner strengths and adaptive powers” (Brasher, 2009). This technique helps the client to focus their attention off of failure and discover what has worked for them in the past and reframe their negative views to more positive ones.

**Empirical Support**

Although solution-focused brief therapy is a fairly new model, it has been utilized with a range of mental health issues. Given its popularity, “some literature purports that little empirical evidence exits to support the claims of success made by SFBT advocates” (Brasher, p. 21). Although literature contains anecdotal reports of the usefulness of SFBT, there is a lack of strong evidence of the efficacy of SFBT (Gingerich & Wabeke, 2001). Franklin et al., (2001) indicate that although there are studies that show the approach is promising, “early studies on the model are limited by their research designs.” (p. 413). Corcoran (2006) states that “solution-focused studies with children have not consistently used pre-testing at baseline, standardized measures, adequate sample sizes, or comparison/control groups.” (p. 70).

 Although much of the literature indicates that more rigorous studies are needed to verify whether SFBT is an efficacious intervention, there are some studies which suggest there is beginning evidence regarding the efficacy of SFBT interventions with children who have behavioral disorders. In an article addressing SFBT in a school setting, Franklin, Moore & Hopson (2008), concluded that “the findings of this study provide continued support that SFBT was effective in reducing classroom-related behavioral problems” (p. 23). Another study addressing the application with at-risk youths in a school setting found that “the results from this study provide support for the continued evaluation and application of SFBT with at-risk youths by school social workers” (Newsome, 2005, p. 89). Franklin et.al (2001) concluded that “overall, the results of the seven single-case studies support the previously reported clinical findings of Kral (1995), Metcalf (1995), and Murphys (1994a) concerning the outcomes of this therapy (SFBT) with children in a school setting” (p. 432). Despite limitations of various studies conducted utilizing SFBT, “the studies represent much promise regarding this approach”

**SFBT and Social Work Values**

The strengths based philosophy which is embodied in SFBT is reflective of the core values espoused in social work, which includes respect, compassion, competency, hope, and change. SFBT in the school setting recognizes and promotes social work values by promoting a cooperative relationship with students, and by utilizing and accepting their beliefs and opinions in relation to designing treatment goals and interventions. Social workers who incorporate SFBT into their practice in the school setting emphasize a student’s “strengths, resources and the inevitability of change instead of diagnosis and pathology” (Murphy, 1994, p. 120). The utilization of the student’s strengths and resources promote an environment of cultural competency and acceptance of diversity. According to the literature, the incorporation of SFBT in the school setting has shown to be a promising intervention in working with a wide range of issues kids face in the school setting. These can include, but are not limited to, children with behavioral and academic challenges, special education students, children with a mental health diagnosis and at-risk youth. The enhancement of a student’s strengths is a core principle of SFBT. Brasher (2009) concluded that “SFBT is an approach that can help students enhance their self-esteem and belief in their own abilities” (p. 26).

**Contributions to Social Work**

SFBT focuses on strengths and solutions’, thereby empowering clients to see that change is possible, which can promote hope and optimism. As opposed to extended therapy, which has a broad focus, a standardized application of theory and technique, and a past-oriented diagnostic focus on clinical pathology, SFBT offers an alternative, non-traditional approach. Murphy (1994) states “unlike many extended therapy models, the primary focus of brief therapy is on change, not growth” (p. 117). The narrow focus of SFBT allows for an environment in which clients describe their goals in clear, concrete terms. The time sensitive aspect of SFBT allows practitioners to embrace the perspective that time-consuming, complex interventions are not necessary for change to occur. In Murphy’s article addressing brief therapy for school problems (1994), he noted it is beneficial to recommend the treatment that is least costly, least complicated and least invasive (as cited in Budman and Gurman, 1998). It is commonly accepted in the traditional model of extended therapy that the greatest proportion of change occurs during the first few sessions. Therefore, the brief component of SFBT is conducive to successful outcomes.

 Within SFBT there is a flexible application of theory and technique based on the client’s frame of reference. Often times, a student is referred to school staff with a mindset to “fix the child.” Williams (2000) concluded, “when it is believed that the problem lies within the student, in the form of a faulty nervous system or a damaged psyche that fixing requires that someone change the student” (p. 76). SFBT promotes a different response to the problem. Theories and techniques in SFBT are selected to meet the unique circumstances of the client, as opposed to
“occupying the superior position of pre-determined molds into which client problems and beliefs are fitted” (Murphy, 1994, p. 118).

 In contrast to many extended therapy models, SFBT incorporates a shift away from past “problem behavior” to a future-oriented perspective. With this in mind, Davis and Osborn (1999) suggest that “helping piece together parts of behaviors that worked in the past will help construct a new and workable solution” (p. 42). This perspective allows the client to embrace that change is possible as a result of utilizing their strengths, resources and possibilities.

**Criticisms of SFBT**

 Although SFBT is an effective, time-limited future oriented approach, brief therapy has its limitations. The narrow focus of change in SFBT is not necessarily appropriate in working with clients who are in need of considerable skill building or knowledge (Murphy, 1994). In addition to this limitation, SFBT is not appropriate for crisis situations such as threats of suicide or violence, which require specific and directive actions from practitioners, regardless of the client’s approval or opinion of such actions (Murphy, 1994). According to Brasher (2009), helping professionals within the school setting must exercise caution and be ethically aware of when SFBT is appropriate. Brasher (2009) purported “SFBT could even be harmful if used inappropriately” (p. 27). In addition, practitioners who desire to use this approach should become knowledgeable of the techniques of SFBT in order to determine if its use is suitable for each situation.

**Strengths-based practice perspective**

SFBT incorporates a strength-based philosophy and is designed to empower clients to recognize their own strengths to achieve self-efficacy. However, “despite recent efforts to incorporate a strengths-based or empowerment perspective in mental health work in schools the pathology-oriented medical model remains the dominant framework in practice today” (Gingerich & Wabeke, 2001, p. 33). The central philosophy of SFBT is that clients bring their own strengths and develop them to make their own lives more satisfying. According to Corcoran and Stephenson (2000), “the therapist magnifies client’s strengths, resources, and past successes, which leads to the construction of solutions” (p. 468). By magnifying a client’s strengths, clinicians can open up possibilities for change and help ensure clients will have successful therapeutic outcomes.

 According to Bertolino (2010), a strengths- based philosophy is characterized by hope, the increased presence of which can be a catalyst for change. SFBT is unique from other extended therapies, in that it has a unique orientation toward non-problem times (Corcoran, 2006). The purpose of SFBT is to help clients target and amplify their resources in the change process. According to Corcoran (2006), “once people have experienced small successes, change of a systemic nature is thought to occur” (p. 69). The discovery of these small successes and slight improvements can have a significant impact on treatment outcomes.

**Social Work Applications**

 As social workers we value the therapeutic relationship as the most significant factor in working effectively with our clients. Although this could be viewed as a general statement, we have found that in working with children in particular, a strong therapeutic alliance allows us to work with even the most challenging populations, which can include mandated clients, at-risk youth, and children who have severe emotional disturbances. Common knowledge tells us that clients who are engaged and have a positive therapeutic alliance with their practitioner benefit most from therapy. Working with children can often be challenging due to family dynamics and/or lack of parental involvement. SFBT uses collaboration as an integral part of the therapeutic process and collaboration is a key aspect for successful outcomes for children. Although many students have been helped using a pathology-oriented approach, they have been forced to endure the negative labels that often result from this approach. The incorporation of SFBT in the school setting, allows for an alternative and effective approach to the pathology model.

 One of the primary reasons clients terminate services is a poor therapeutic alliance. Process-oriented methods, in our opinion, cannot be undervalued when building therapeutic rapport. It is our belief that in utilizing SFBT it allows social workers to focus not only on symptom reduction, but rather seeks to improve a client’s overall well-being. A person in environment perspective takes into consideration all areas of a client’s functioning. By drawing on strengths from all systems, clinicians can help clients facilitate change for themselves. This fosters empowerment which is a key component of SFBT and social work values.

**Integration into social work practice**

Economic strains and decreasing budgets in the educational system makes SFBT all that more appealing when working with students in schools. By offering brief, time-limited interventions, social workers in the school setting can essentially “do more with less.” Social workers can reach more kids by keeping interventions brief and solution-focused while also enhancing skills in the child’s natural environment. Community-based services seek to improve a child’s functioning in their home, school and community. In addition, SFBT can be beneficial in working with the “mandated” client in that students may be more motivated to work in a time-limited process. Children spend the majority of their day in a school setting and reaching these kids in this setting truly utilizes a person in environment perspective. In our opinion, children will be better served while learning skills they can apply in this environment as opposed to an office building. We agree with the perspective presented by Davis and Osborn (1999) in which they purport that “solution-focused counseling represents a positive, competency-based perspective to the problems experienced by individuals and organizational systems alike” (p. 41).

 In working with children, there are tendencies to prescribe labels to the problem, such as “disability or illness.” However, we support the perspective that the “problem is the problem”, not the student, teacher or parents. If we re-describe the problem in a normalizing manner, the problem may often appear solvable to the student (Davis & Osborn, 1999). This optimistic perspective is a useful and effective alternative to a deficit-based orientation. School social workers must identify evidence-based practices that work quickly. A study presented by Franklin et al. (2008) “supports the idea that with purposeful short-term intervention significant change can happen rapidly. This is vital information for overworked, underfunded practitioners” (p. 25).

**Assessment and Intervention strategies of SFBT**

The development of a clear description of a goal and achievement toward that goal is a component of the initial assessment in a solution-focused intervention. The practitioner is charged with guiding the conversation toward a client’s desired outcome. In doing so, the practitioner can utilize a technique called the “miracle question.” In the use of this technique, the practitioner asks the client to imagine a time when the problem does not exist. The use of the miracle question during intervention can help the client set small, specific, realistic goals while describing in a constructive way how things will be different when the problem is less noticeable or absent. Specific questions that can be used in the development of the miracle picture are, “What will others see that tells them a miracle has happened?, How will that make things different for them, for you? (Gingerich and Wabeke, 2001, p. 35). Following the initial session, subsequent sessions focus on positive changes that are occurring and what needs to occur for changes to continue.

 Another therapeutic tool that can be utilized is the inclusion of coping, exception finding and scaling questions. Coping questions allow the practitioner to divert the focus away from client’s problems and allow them to discover their adaptive powers and strengths (Brasher, 2009). Exceptions are defined as times when a problem is better or not as severe. A question that can be utilized to identify an exception is “Have there been times when the problem did not happen or was less severe?” According to Brasher (2009), scaling questions are defined as “therapeutic tools used to measure the effects of a problem on a person’s life.” Clients are asked to rate their problems on a scale of 1-10, with 1 being when problems are at their worse and 10 being the day after the miracle. Scaling questions allow the client to identify slight changes that have already occurred.

 The afore-mentioned techniques utilized in SFBT are an essential aspect of strengths-based engagement that social workers are trained to utilize when appropriate. One can conclude that although brief therapy is not a cure for every school problem, this approach provides a useful framework for those who work with students in the school setting. This perspective represents a positive, hopeful, and beneficial paradigm within the school system.

**Conclusion**

The essence of SFBT is thatas practitioners, we remove ourselves from the traditional expert role and move towards a position of partnership with the client, in which we empower clients to discover their own strengths. SFBT is not necessarily an appropriate intervention for the issues affecting all students, or meant to be utilized in all situations within the school setting. Research over the past two decades suggests the importance of utilizing interventions that enable academic and behavioral success of at-risk students (Newsome, 2005). In many ways, school staff looks for ways to ‘cure’ or ‘fix’ the student. Within SFBT, the fundamental guiding principle of brief therapy is that if one method or particular suggestion does not work, then try something different (Murphy, 1994). This alternative approach is a step away from the pathology-oriented model, in which students are labeled and the ‘problem’ is the focus of intervention. Many practitioners in the school setting have been trained in long-term therapies but are excepted to shorten these therapies, or ‘fit’ them into an environment, in which the reality of heavy caseloads must be considered (Franklin et.al, 2008). Because of the reality of budget cuts and heavy caseloads, we, as social workers, are charged to find alternatives to previous, traditional models of extended therapy, in which the student is the problem. We need to consider innovative, yet empirically based, time limited interventions. Therefore, we must ask ourselves, “How can a school be transformed from a problem-focused environment to a solution-focused environment, one that fosters and highlights positive change?” (Davis and Osborn, 1999, p. 40.) SFBT is a method of intervention that has been successfully integrated in schools. The assumptions of SFBT are brief in nature, change is inevitable and constant, and that there are always exceptions to problems provide a useful framework for school staff and represent a positive, hopeful, and beneficial paradigm within the school system (Davis and Osborn, 1999, p.46). Although there are limitations to incorporating SFBT in the school setting, studies represent much promise regarding this approach (Brasher, 2009, p.28). According to Brasher (2009), “to provide empirical evidence of SFBT’s usefulness, future research must utilize adequate sample sizes, comparison groups, standardized measures, and use multiple measures of change” (p.28). The social work profession must strive to utilize intervention methods that have empirical support. However, as social workers, we must be willing to seek out research and engage in research, so we are able to intervene with our clients in the most effective and ethical manner, in order to achieve the most positive outcomes.

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