



**CTRI**  
CRISIS & TRAUMA  
RESOURCE INSTITUTE

# **SOLUTION-FOCUSED THERAPY**

Skills for Short-Term Counselling



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# SOLUTION-FOCUSED THERAPY – SKILLS FOR SHORT-TERM COUNSELLING

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Due to limited resources or time, our role of supporting others as counsellors and helpers is often brief. That is why it is essential to have the skills to explore meaningful goals and achieve practical advancements in a short period of time. Solution-focused therapy (SFT) is a short-term, goal-oriented counselling approach that seeks to help clients by focusing on solutions rather than problems. This workshop provides an overview of the SFT framework and explores its strengths and limitations. Participants will learn practical strategies for helping others reach achievable goals and gain an increased confidence and capacity for supporting others when there are time constraints.

Solution-Focused Therapy – Skills for Short-Term Counselling

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# GUIDING IDEOLOGY

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## AN ATTITUDE, A POSTURE, AND A PHILOSOPHY

The idea of a therapeutic approach being *not what we do* but rather *how we do it* can be a difficult position to reconcile. Helpers are always on the hunt to add more tools to their toolbox, so to suggest solution-focused therapy (SFT), which is also known as solution-focused brief therapy, has no “tools or tricks” can be disheartening and confusing.

However, being “trickless” should not be confused with directionless or being void of strategy. Practicing SFT is a thoughtful and intentional way of engaging with clients that has proven to be therapeutically and practically helpful for fostering client change and propelling progress.

- The therapeutic *relationship* is seen as the primary indicator predicting successful outcomes.
- The therapeutic *approach* operates from the perspective that it is more useful to focus on the “Where do we go from here?” rather than “How did we get here?”



**SFT already has a robust body of research that is in excess to many of the earlier developed psychotherapies. Research continues to highlight the value of helping through a solution-focused lens.**

## CENTRAL PHILOSOPHY

- If it ain't broke, don't fix it
- If its working, do more of it
- If it isn't working, do something different

## CORE CHARACTERISTICS

- Client contributions
- The therapeutic relationship and alliance
- Cultural competence
- Change as a process
- Expectancy and placebo
- Model and factor of fit

## INTENTIONAL WAYS OF ENGAGING

- How we “show up” and influence the process
- How we engage with and build connection with the client
- How we ask questions and invite discussion about the problem
- How we explore potential solutions

## CORE THEMES OF SFT

- For every problem that people struggle with, there are examples within their lives where this problem does not exist or is less problematic
- There are areas in people's lives that are working fluidly, and these areas should be strengthened and encouraged
- Focus on identifying and building on strengths – not highlighting deficits

**The role of the helper in SFT is to help the client clarify what changes they want in their lives, ask meaningful questions to build a clear picture, and then collaborate on how best to move forward towards the preferred future. For this to happen, the strength of the therapeutic alliance is key.**

# STRONG THERAPEUTIC ALLIANCE

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In SFT, being able to build relationships and rapport quickly is a critical asset. A strong working relationship is the foundation of effective helping, particularly within the SFT framework where *who you are and how you help* are considered more influential than *what you do*. Developing positive rapport, a sense of genuine connection, and a collaborative means of engagement are critical for identifying and working towards meaningful solutions.

A growing body of research suggests that the helper's contributions within the counselling process are much more significant than previously thought. Sometimes referred to as the *therapist effect*, it refers to how client change is influenced by what the counsellor brings and contributes to the counselling relationship.

Counsellor contributions can include:

- Empathy
- Personal strengths
- Creativity
- Humour
- Ability to reframe
- Level of optimism

## REFLECTION

**01 | What do you bring to the helping process that encourages client change?**

**02 | What might helpers be doing intentionally or unintentionally that could be contributing to progress paralysis?**

Client resistance (or a sense of being stuck) may reflect a shift or sense of disconnect in the therapeutic relationship.

As helpers, if we want to celebrate progress alongside our clients and see ourselves as valuable allies, we must also be prepared to take some of the responsibility when therapeutic stalls are occurring.

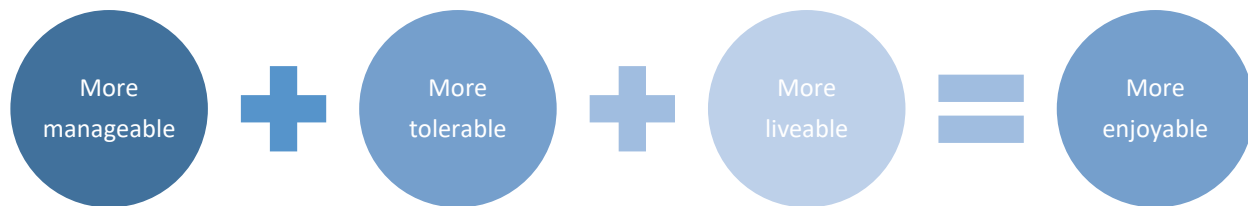
# MANAGEABLE, TOLERABLE, LIVABLE

## THE MISGUIDED GOAL OF HAPPINESS

An important thing to remember as a helper as you embark on your exploration into SFT or any counselling framework is that chronic happiness for the individuals we support cannot be the goal.

- Uninterrupted happiness is a misguided and *unattainable goal*.
- The world is full of stressors and realities whereby happiness does not fit
- The human experience requires the ability to navigate a diversity of emotions
- Building emotional awareness and tolerance is an *achievable goal*.

The goal of the counselling process, regardless of the selected framework, is to support people in the building of more *manageable, tolerable, and liveable lives*. SFT offers helpers a strategic foundation to move the needle of life in this direction.



**Manageable:** Controlled or accomplished without great difficulty

- Assisting a client with securing a bus pass to get to their local grocery store is an example of supporting a client in the building of a more *manageable* life.

**Tolerable:** Able to be endured

- Working to (re)connect a client to their family doctor to discuss options for managing chronic pain is an example of supporting a client towards a more *tolerable* life.

### Notes:



**Livable:** Worth living

- Building a client’s confidence to reconnect with an old friend or family member they lost touch with is an example of supporting a client towards a more *livable* life.

**Enjoyable:** Experiencing delight or pleasure

- When our lives are more manageable, more tolerable, and/or more livable, it creates space, energy, and opportunity for life to be more enjoyable

**Notes:**

## REFLECTION QUESTIONS

**01 | How does the goal of increasing manageability, tolerability, and livability for clients fit with the work that you do?**

**02 | Reflect on the ways you’ve supported clients in increased manageability, tolerability, and livability in their lives?**

# HELPING DOES NOT MEAN FIXING

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Too often helpers mistakenly see *helping* or *supporting* as synonymous with *fixing*. This fixer complex lends itself to an increased risk for burnout, compassion fatigue, or vicarious trauma. These risks inevitably spill over into the client–helper dynamic whereby both the helper and client struggle under the weight of being the fixer or being fixed.

## HEALTHY HELPER MINDSET

- Recognizing the inherent value in supporting people to build more manageable, tolerable, and livable lives.
- Celebrate the many small wins along the way to longer-term goals.

This is an important concept to remain connected to as you accompany people along some of the most difficult journeys of their lives. Journeys where fixing may not even be an option but helping always is.

**When we see ourselves as having to fix rather than help, we often lose sight of the many ways we have inspired and supported positive change in our clients' lives. Name an example in your work where you have helped/supported someone make a small but meaningful change in their life.**

**In the helping professions, it's highly possible that you will fix next to nothing throughout your career, BUT you will help with a lot.**

# CLIENT IS THE EXPERT OF THEIR LIFE

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Client centred care is a widely known and accepted approach to offering therapeutic support in which the client is revered as *the expert of their life*. SFT works consistently to reflect this both in theory and in practical application. However, because SFT is also dependant on the intentional collaboration of client and helper, and seeing as it relies on the process of change that is ignited through the therapeutic dynamic, it is also important for the client to benefit from the expertise of the helper.

## STRIVE FOR BEING CLIENT CENTRED

- Recognize the client as their expert of their life
- Involve advocacy and empowerment
- Respect the client's autonomy, voice, self-determination, and participation in making decisions
- Asks clients if they want you to share your expertise of the process.

**Client-centred should not be confused with client-dictated.**

## AVOID BEING CLIENT DICTATED

- Helper is simply a bystander to the process
- Client dictates all aspects of the counselling dynamic
- Helper allows client to take unnecessary risks, set unrealistic goals, and explore concepts that may be therapeutically unhelpful to their long-term goals
- Helper believes that being client centred means that helpers just listen

## REMEMBER

- Helpers have a professional obligation to come to the helping relationship with a set of skills that can support and guide the process in a meaningful and effective way.
- Counselling dynamics are intended to be collaborative where both the client and the helper influence and improve the process.
- Clients deserve to benefit from the knowledge and skill set of the helper.

**The client is the expert of their life.**

**The helper brings expertise to the process.**

# BUILDING COLLABORATIVE AWARENESS

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*Self-care* is a key element of maintaining health and wellness and is relevant to both the helper and the client. *Self-comfort*, which is equally as important to health and wellness, is similar but different.

## SIMILAR BUT DIFFERENT

**Self-care:** The people, activities, and things *that bring you joy*.

**Self-comfort:** The people, activities, and *things that bring you comfort* during distressing times and while experiencing distressing emotions.

## SAME BUT ALSO DIFFERENT

### SELF-CARE IS NOT ALWAYS COMFORTING

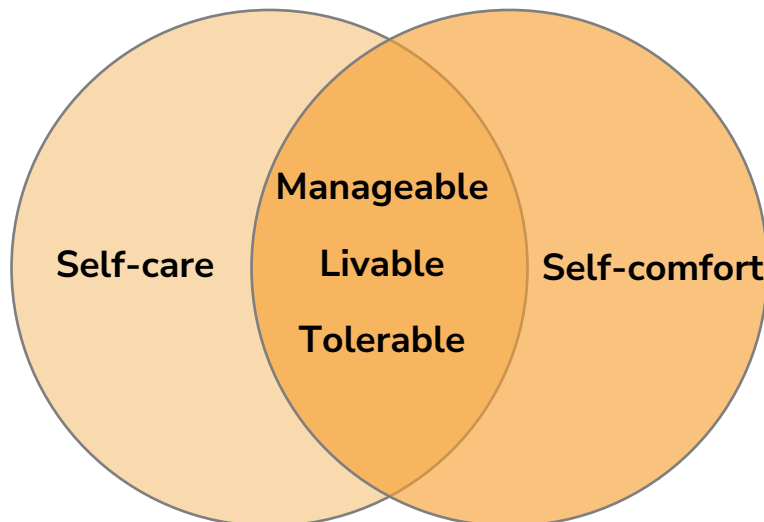
Someone may love reading (self-care), but when they are angry or sad, they actually find reading aggravates these emotions as they cannot concentrate enough to read.

### SELF-COMFORT IS NOT ALWAYS ENJOYABLE

One may choose to go for a walk when they are feeling overwhelmed (self-comfort) to better manage the feeling of being overwhelmed or to “clear their mind.” Walking may not be something they would identify as enjoyable or choose to do for self-care.

### SELF-CARE AND SELF-COMFORT

Someone may love to dance for joy while also finding that dancing helps comfort them when they are experiencing other more difficult emotions.



## GROUNDING FOR HELPER AND CLIENT

**Client:** Learning to identify and utilize both the things that bring joy and the things that bring comfort can be a helpful differentiation. Clients will be better equipped to navigate stressors and struggles while on the road to solutions when they have increased awareness on comforting themselves during difficult times and emotions.

**Helper:** The helping professions are extremely challenging and can pull to the surface many intense and difficult emotions. Regular self-care *and* self-comfort activities are integral to being able to build the connection needed to be an effective SF helper. Unhealthy helpers do not build healthy connections.

Self-Care	Self-Comfort
Riding my bike	<b>Anger:</b> Vigorous Exercise
Reading	<b>Frustration:</b> Taking time alone in nature
Going for dinner/coffee with friends	<b>Overwhelmed:</b> Journaling
Journaling	<b>Rejection:</b> Talking with a trusted friend
Cross stitching	<b>Fear:</b> Yoga
Watching scary movies	<b>Grief:</b> Learning a new skill
Yoga	<b>Powerless:</b> Doing an act of kindness

## REFLECTION

**Are the things you do for self-care and self-comfort the same? Are they different?  
How so?**

# HELPER PERCEPTION AND READINESS

Not every client we have will be ready, willing, and confident in their ability to make a change. De Shazer distinguishes between three client (interaction) types: customers, complainants, and visitors (Milner & O'byrne, 2004, p.165).

**Customer:** Acknowledges need to make some personal changes and is ready for help

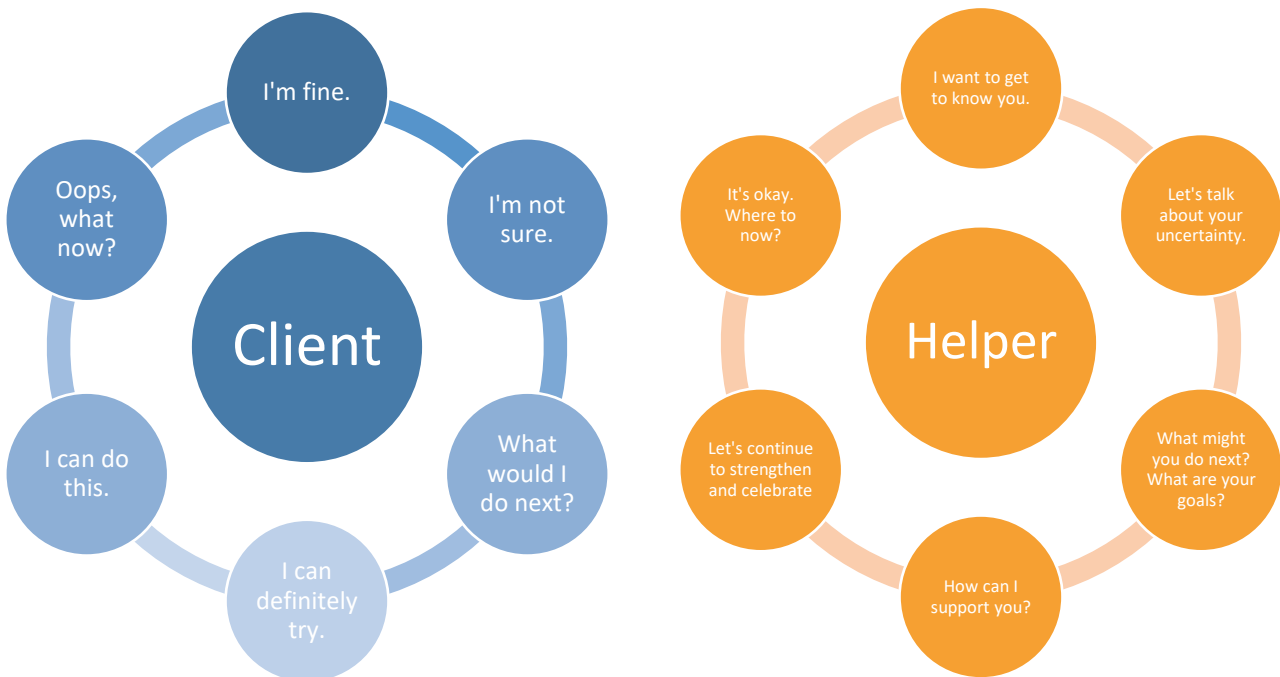
**Complainant:** Wants counsellor to change someone else, not make personal change.

**Visitor:** Neither a customer nor complainant, has no/limited choice to attend.

These labels can support us in our understanding of a client's readiness. However, the helper's perception of the client's capacity and/or capability of change can both propel or paralyze progress, so being mindful of the impact of labels is important.

## READINESS FOR CHANGE

Understanding a client's readiness for change can help us determine where our clients are at and better match our efforts to support them. Helpers should work to identify the client's current stage of readiness and then foster a supportive environment that facilitates movement *one stage ahead*.



# HELPER GUIDE

	Questions/areas to explore	Strategies	Avoid
Precontemplation (possibly mandated/involuntary client)	<p>“Tell me a little bit about why we’re connecting today.”</p> <p>“What are you hoping will happen today?”</p> <p>“What has been your experience with counselling?”</p>	<p>Explore general thoughts and feelings about counselling</p> <p>Focus on relationship building</p> <p>Provide relevant info</p>	The debate dynamic where the helper highlights all the benefits of change and the client needs to defend their reasons for not changing
Contemplation	<p>“Tell me a little bit about why we’re connecting today.”</p> <p>“What are some of the reasons you are considering this change?”</p>	<p>Balanced pro/con discussion about change/staying the same</p> <p>Complete a pro/con quadrant (see below)</p>	Setting goals directly connected to making “the change”
Preparation	<p>“What are any of the things you have already done to move you in the direction of change?”</p>	<p>Build on efforts that have already taken place</p> <p>Set small goal(s) in the direction of change</p> <p>Validate even small movement towards the desired change</p>	Moving too fast and setting goals that are too ambitious
Action	<p>“What would help you maintain this change you have started to make?”</p>	<p>Build a support network that supports the change</p>	Assuming clients will stay in the action phase once they enter it
Maintenance	<p>Is there anything unexpected from the change?</p> <p>Any benefits of the change?</p>	<p>Continue to encourage new coping strategies and goals</p>	Believing in “never again”
Relapse	<p>Where are you thinking you would like to go from here?</p>	<p>Predict and normalize</p> <p>Identify client’s current phase of change</p>	Assuming clients will immediately return to action mode

## THE PRO/CON QUADRANT

A more effective way to do a pros and cons list is actually a pros and cons “quadrant.” Helpers must acknowledge that there are benefits and costs to *both* making a change *and* staying the same. Too often, helpers get caught up in cheerleading for any change they perceive to be positive while failing to recognize the benefits of staying the same. Fostering motivation and building meaningful goals requires having a full understanding of the gains and losses associated with change.

### POTENTIAL CHANGE: Abstaining from Alcohol/Reducing Alcohol Intake

PROS OF MAKING THIS CHANGE	CONS OF MAKING THIS CHANGE
<ul style="list-style-type: none"> <li>• Feel physically better</li> <li>• Improve my relationship with my children</li> <li>• Reduce the risk of another DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Distance myself from some of my friends</li> <li>• My spouse still drinks – nothing in common</li> <li>• Less to do on the weekends</li> </ul>
PROS OF STAYING THE SAME	CONS OF STAYING THE SAME
<ul style="list-style-type: none"> <li>• Alcohol helps me fall asleep</li> <li>• Social life stays active</li> <li>• Current routines don’t have to change</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship with children continues to deteriorate</li> <li>• Consumption could get worse</li> <li>• Can’t drive children to sporting activities in the evening</li> </ul>

## REFLECTION

**01 | As a helper, what is identified in the quadrant that you would want to explore further?**

**02 | What goal areas might be useful in replacing some of the identified benefits of staying the same?**



## READY, WILLING, AND ABLE

Confidence and importance are components of a client’s internal motivation for change. It’s useful to understand (a) how confident they feel about making a change, (b) the importance of that change, and (c) how ready they feel to make a change.

Listening closely to what clients are telling us can offer insight into the potential and probability of change. Exploring the client’s readiness, willingness, and confidence levels can allow helpers to better assess key areas influencing client change and then more intentionally influence the change process.

## PAY ATTENTION

What is being said	Readiness	Importance	Confident
“I know I want to, and I can start tomorrow; I just don’t know if I can do it.”	<b>+</b>	<b>+</b>	<b>-</b>
“I know I can do it, I just don’t have the time right now.”	<b>-</b>	<b>-</b>	<b>+</b>
“I’ll try that, I’m just not sure if doing that will make a difference.”	<b>+</b>	<b>-</b>	<b>-</b>

## REFLECTION

**01 | What are some strategies that would be useful to build a client's *confidence* in making a desired change?**

**02 | What are some strategies that would be useful to increase a client's readiness for change?**

**03 | What are some strategies that would be useful to facilitate a client's willingness to change?**

# MORE ON SFT

The origins of SFT can be found in the early works of Milton Erikson. Although Erikson died in 1980 claiming to have “no theory” guiding his work, his approach to psychotherapy has inspired many helpers in their efforts to support clients in creating meaningful change in their lives. His work has provided the guiding foundational ideology and strategic approaches for many schools of therapy and therapists including Steve de Shazer and Insoo Kim Berg, the co-founders of solution-focused brief therapy (SFBT).

## Core elements of Erikson’s practice that influenced SFT:

- Using the client’s available resources (Build on Existing Strengths)
- Non-normative (Client Centred)
- Tread little into the past (Future Focused)
- Crystal ball technique (Miracle Question)
- Setting tasks (Goal Setting)
- Therapist is responsible for success or failure of therapy (Therapist Effect)

## PROBLEM FOCUSED VS SOLUTION FOCUSED

Problem focused	Solution focused
<ul style="list-style-type: none"><li>• How can I help you?</li><li>• Could you tell me about the problem?</li><li>• What do you think caused/contributed to this problem?</li><li>• Can you tell me more about the problem?</li><li>• How many sessions will we need?</li></ul>	<ul style="list-style-type: none"><li>• How can this be helpful to you?</li><li>• What are you already doing that is helpful?</li><li>• Can you describe your preferred future?</li><li>• What resources are available?</li><li>• When will we know when to end?</li></ul>

**Notes:**

## STRENGTHS AND CAUTIONS

### STRENGTHS

- Although the client/helper relationship is very collaborative, clients ultimately determine what potential solutions might work best for them
- Strives to identify and implement workable solutions
- Establishes clear goals and includes tools to assess for progress
- Highlights areas of client strength that can be built on for problem solving

### CAUTIONS/RISKS/LIMITATIONS

- Risk for minimizing underlying issues (e.g., unresolved trauma, undisclosed substance abuse, etc.)
- Can feel too rushed or impersonal for the client
- Suitability almost entirely dependent on motivation level of client
- Potential difficulty of balancing goal setting with relationship building

**What are some of the ways a helper could work to mitigate these risks?**

## WHEN SFT MAY NOT BE THE SOLUTION

- Client is in active crisis, and crisis management is needed
- Client experiences regular episodes of dissociation
- Client is experiencing delusions or psychosis
- Trauma symptoms are highly activated, and safety and stabilization are priority

# QUESTIONS ARE KEY

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Purpose-driven questions are an essential element of the SFT approach. There are four core questions that help propel the solution-focused process. These questions can be asked at the beginning of the counselling process and/or at the beginning of each session.

## FOUR BASIC SOLUTION-FOCUSED QUESTIONS:

- 01 | What are your best hopes?
- 02 | What difference will that make?
- 03 | What works?
- 04 | What will be the next sign of progress or what will be your next step?

Many traditional approaches to trauma, depression, anxiety, and other human struggles have been problem-focused – what caused this and how do we get rid of it. A solution-focused lens explores using questions like, “What will life look like when these struggles are less influential?” and “How do we incorporate more of that into the present/future?”

## TRAUMA

- 01 | How have you been able to cope with what happened?
- 02 | What else have you been through that was difficult? What helped you manage?
- 03 | What will you be doing differently when your traumatic memories are less of a problem in your daily life?
- 04 | How will you be able to tell when you are handling things a little better?

## DEPRESSION

- 01 | What helps you keep the depression under control?
- 02 | How can you comfort yourself? How do you do that?
- 03 | Who can comfort you now, even if it's just a little bit?
- 04 | How will you celebrate your victory over depression?

## ANXIETY

- 01 | How could you regain hope that life can get easier in the future?
- 02 | What would be a small sign that things are better?
- 03 | What did the anxiety not change? How did you manage to maintain that?

*Adapted from Bannick, 2015*

# BRIDGING IDEOLOGY AND APPLICATION

Intervention	Helper Role
01   Assessing pre-session change	<ul style="list-style-type: none"> <li>• Helper inquires about any changes to the problem since booking appointment and explores any changes in detail</li> <li>• If no change: “How can I be of help to you?”</li> </ul>
02   Looking for previous solutions	<ul style="list-style-type: none"> <li>• Helper explores solutions to the problem that have been used at another time, place, situation</li> </ul>
03   Looking for exceptions	<ul style="list-style-type: none"> <li>• Helper looks for something that happens instead of the problem (an exception to the problem)</li> </ul>
04   Questioning vs interpreting	<ul style="list-style-type: none"> <li>• Helper asks questions</li> <li>• Does not interpret or confront</li> <li>• Uses questions as primary communication strategy</li> </ul>
05   Using present-/future-focused questions	<ul style="list-style-type: none"> <li>• Helper asks present- and future-focused questions; assumes there is more value in the present with an eye towards the future</li> </ul>
06   Setting solution-focused goals	<ul style="list-style-type: none"> <li>• Helper assists client to frame goals that are connected to their preferred future</li> <li>• Ensures goals are clear, specific, and manageable (see <i>SMART goals</i>)</li> </ul>
07   Providing compliments	<ul style="list-style-type: none"> <li>• Helper acknowledges difficulty of current life stressors, validates progress, continues to support and encourage change</li> </ul>
08   Gently nudging towards what's working	<ul style="list-style-type: none"> <li>• Helper nudges client to do more of what has worked previously to manage the stressor or try something new of their own suggestion</li> </ul>

Table Adapted from de Shazer & Dolan, 2007

## CLIENT SCENARIO

Frederick often works long hours and late into the night, which is causing stress in his marriage. He initiated counselling because he is concerned that he is headed towards separation or divorce if things don't change. He does not want that. His partner and he are fighting more and more about his "lack of commitment to their marriage and his love of money." He does not think his partner appreciates the financial stability his work has created for their family.

Frederick works so much because he loves his family and wants them to have everything. He would love to go back to having regular date nights with his partner. He has been trying to reduce his hours at work over the last two weeks. They did watch a movie together last night and that seemed to go well. He knows he needs more balance in his life, but what can he do? He needs to work and supporting a family isn't easy.

**01 | Can you identify any *pre-session change(s)*? If so, what are they?**

**02 | Can you identify any *previous solutions* to the problem? If so, what are they?**

**03 | Can you identify any *exceptions* to the problem? If so, what are they?**

**04 | Can you list *two questions* to ask Frederick?**

**05 | Can you list one present-focused and one future-focused question to ask Frederick?**

**06 | Can you identify a potential *goal* area that seems meaningful to Frederick?**

**07 | Can you identify a *compliment* that you would offer to Frederick?**

**08 | Can you identify an area where Frederick may need a little *nudge*?**



# THE FUNDAMENTALS

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Research highlights, among other things, that elements specific to SFT itself include a faith in people's abilities, resources, and motivation, and the absence of a formal theory of change. However, despite the absence of a formal theory of change, there are core principles, fundamental concepts, and strategies that are utilized to support clients in their search to find solutions to existing struggles.

An integral part of therapy is working with clients to help them envision a path towards change or identify what they would like to be different in their lives. The miracle question offers a starting point to envision and begin to develop the path towards solutions.

## 01 | MIRACLE QUESTION / PREFERRED FUTURE

**Knowing where we are headed and why we are headed there supports motivation momentum for both the helper and client, which is never a bad thing because change is hard!**

By inviting clients to picture and describe a future where their current problem is less problematic, both the helper and client can begin to identify what meaningful change would look like and then set goals more strategically.

**GOAL:** Envision a future where the problem doesn't exist or is less problematic.

**PURPOSE:** Provides the helper and client with a starting point for setting goals.

**Notes:**

Below is an example of how a helper might present the miracle question. After reading the example, I invite you to explore how you might approach or position this question (concept) with a client.

**REMEMBER: The goal of exploring a preferred future remains the same but helpers may prefer to tailor the approach or question in a way that feels more**

### MIRACLE QUESTION EXAMPLE

I'm going to ask you a bit of a strange question . . .

Suppose you go to sleep tonight as usual and while you are asleep a miracle happens and the problem that brought you here today is solved . . .

BUT . . . because you were asleep, you don't know the problem has been solved . . .

What are the first small signs you notice that this miracle has happened and that the problem is now solved?

**How might you do it? Practice in your group.**

**A cautionary note: Be very cautious when using the miracle question with grief and/or other “unrealistic miracles.”**

Undoing loss would of course be the preferred miracle for most, and most often not feasible. However, envisioning a future where the intensity of grief feels more manageable, livable, or tolerable can have value. The miracle question needs to be well formed and sensitively delivered when supporting clients through loss.

## 02 | SCALING QUESTIONS / OPPORTUNITIES FOR CHANGE

As explored earlier in the section on helping vs fixing, it is important for the counselling process to provide opportunities for meaningful change while recognizing that not all problems are fixable – and certainly not in the time frame or resource limitations we are often working within!

Scaling offers the counselling process a variety of potential benefits:

- Clearly define the current stressor, identify space for change
- Identify incremental yet meaningful steps taken towards longer-term goals
- Provide definable “progress indicators”
- Provide helpful warning signs to prevent recession or relapse

In SFT, a neutral scale replaces the more typical approach to scaling that is used in more problem-focused frameworks where 10 indicates the problem is most active and 0 indicates the problem is absent. In an SFT scale, 10 equals the ideal outcome (what we are heading towards) while 0 equals the opposite (what we are trying to change). Striving for the “perfect 10” so to speak.

### **Problem-Focused Scale**

0 = I have no anxiety \_\_\_\_\_ 10 = I am always anxious

Problem focused scales work backwards- away from the problem

### **Solution-Focused Scale**

0 = I always have anxiety \_\_\_\_\_ 10 = I am completely relaxed

Solution-focused scales work forward, towards desired outcomes.

#### **Notes:**

## SCALING EXPERIENCE AND PREFERENCES

Scaling helps us better understand the current reality of client struggles, identify exceptions, and explore what meaningful change would look like to them.

I am currently a 6, meaning I'm anxious *most of the time* but have not missed any work.

If I was a 5 (a little worse), my anxiety would probably cause me to miss work every once in a while. I used to be a 5, but I haven't missed work in a long time due to anxiety.

If I was a 7 (a little better), I would go out more with my fiends and say no to fewer social outings due to anxiety.

## PARTNER ACTIVITY: USING SCALING AND DEVELOPING HOMEWORK

<b>01   Identify a problem area in your life.</b>
<b>02   On a scale of 1 to 10 (0 meaning it negatively impacts every aspect of your life; 10 if it has absolutely no influence on you), circle where you would place the problem.</b>
Consumes me 0 1 2 3 4 5 6 7 8 9 10 No Impact on my life
<b>03   Describe what being that number on the scale means to you.</b>
<b>04   Identify why you did not choose one lower on the scale.</b>
<b>05   Describe what would be different if your struggle improved on the scale one place (e.g., from a 4 to a 5).</b>
01   _____
02   _____
03   _____

**06 | Take a five-minute break. Your partner will return with a message that summarizes your discussion, offers compliments, and proposes homework.**

**07 | Identify the task(s) agreed on in collaboration with your helper. Remember, tasks are aimed at moving you up the scale and towards your preferred future.**

### 03 | SOLUTIONS AND EXCEPTIONS – WHAT’S WORKING

Asking about and identifying exceptions can be particularly useful when working with clients who are feeling quite helpless in their ability to change or gain influence over a problem. When exploring exceptions (times when the problem was less problematic), clients are often surprised to discover that there are in fact times when small exceptions did exist. Exceptions when they were able to control, delay, or influence a behaviour or situation that at other times can feel quite distressing and overwhelming.

#### USE YOUR “EARS”

**EARS** is an acronym that captures the spirit of identifying and reinforcing exceptions to the struggle (De Jong & Berg, 2002). Through this style of exploration, clients spend more time engaging in solution-focused talk whereby their preferred future and the road to get there becomes clearer into focus.

- **(E)liciting:** The process of drawing out stories about progress and exceptions.
- **(A)mplifying:** Inviting the client to describe the differences between when the exceptions happened and the problematic moments.
- **(R)einforcing:** Helpers reinforce the successes and factors that have led to the exceptions through exploration and compliments.

Research discovered that three types of therapist behaviours made clients four times more likely to talk about solutions, change, and resources.

01 | Eliciting questions

02 | Questions about details

03 | Verbal rewards (compliments) and competence questions

## 04 | COPING QUESTIONS / HIGHLIGHTING RESOURCES

### MY WHAT WORKS AND WHAT COULD WORK LIST

It can be useful to have a list of things that you could do that would be helpful if/when your problem starts to cause you trouble. The list can include:

- Things you've found useful in the past
- Things other people have suggested
- Things you've thought about but haven't tried yet
- Things you tried once that didn't work, didn't hurt, or maybe will try again

### NAME THE PROBLEM

<b>01   What has been useful in the past?</b>
<b>02   What have other people suggested?</b>
<b>03   What have you thought about but not tried yet?</b>
<b>04   Are there things you have tried that didn't help but didn't hurt, so maybe you will try them again?</b>

*Adapted from Paul Grantham, Practical Applications of Solution Focused Therapy Workbook*

# EFFECTIVE GOAL SETTING

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Goal setting is a dominant element of a SFT.

## BENEFITS OF GOAL SETTING

- Gives structure to the helping process
- Encourages collaboration
- Provides an accountability structure
- Establishes a clear path forward
- Propels motivation when goals are met
- Creates opportunity to build a sense of client influence

## CAUTIONS OF GOAL SETTING

- Goals are too big or too small
- Failure to meet can be a motivation killer
- Goals are more helper focused versus client focused
- Goals are determined by outside sources
- There are distractions or interruptions to relationship building

## ABSENCE OF GOAL SETTING

- Helping process turns into a series of expensive conversations
- No grounding structure or defined ending point
- Difficulty building motivation (for what?)
- Reinforces a sense of powerlessness
- Increased risk for boundary struggles

**What has been your experience supporting clients with goal setting?**

# SMART GOAL FRAMEWORK

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The SMART goal framework is a detailed approach to goal setting and can be a valuable ally to SFT. It is proven effective at ensuring that set goals are (S)pecific, easily (M)easured, (A)chievable, (R)ealistic and relevant, and, most importantly, have a definitive (T)imeframe.

It's important to approach writing SMART goals with a positive attitude.

## SPECIFIC

- What exactly do you want to achieve?
- Whose help do you need to achieve this?
- Are there other ways to reach the same goal?
- Is there a preceding goal(s) you need to meet before you meet this one? What might they be?

## MEASURABLE AND MEANINGFUL

- What will you see, hear, and feel when you reach your goal? Being “happier” is not evidence.
- What will have changed for you after your goal is met?

## ACHIEVABLE AND AGREED UPON

- Do you have the resources and skills to meet the goal?
- Will/can you make this a priority?

## REALISTIC AND RELEVANT

- Is this important to me? Does it fit within my preferred future?
- Is this important to the people who mean the most to me?

## TIMELY

- Is there an identified clear start and end timeline?
- Are there scheduled intermittent check-ins to assess for progress or roadblocks?



# LET'S PRACTICE

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SMART goal setting can at first be intimidating. To get acquainted with developing goals within the SMART goal framework, it can be helpful to practice within a group.

Pick one of the following generalized goals and build a group SMART goal using the template provided.

- 01 | We will make efforts to enjoy our training day.
- 02 | We will get to know the people in the room better.
- 03 | We will behave professionally throughout the day.
- 04 | We will contribute to the success of today's workshop.

EXAMPLE: It can be helpful to *start with a general goal*, but it is important you don't stop there. General goals are not SMART goals – they have to be built into SMART goals.

**GENERAL GROUP GOAL:** We will use our time wisely today.

VS

**SMART GROUP GOAL:** We will complete all workshop materials and still finish 30 minutes early today.

**01 | Specific**

- Start and finish morning and afternoon breaks within the allotted 15 minutes
- Request a 30-minute lunch instead of 60-minute lunch

**02 | Measurable**

- Yes, breaks will not exceed 15 minutes and lunch will not exceed 30
- We will be ready to actively participate when break is complete
- We will finish the day 30 minutes early

**03 | Achievable**

- We control whether we adhere to break and lunch timelines
- We will need to confirm with the workshop facilitator if shortening lunch is an option

**04 | Realistic / Relevant**

- Yes, this is realistic; we have the necessary tools and resources
- It is relevant because it will free up 30 minutes to accomplish another task

**05 | Timely**

- Goal has been accomplished if we complete the workshop materials by 3:30 pm

# WHERE TO FROM HERE

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**01 | Which of the concepts and strategies explored today were refreshers for you?**

**02 | Which of the concepts and strategies explored today were new for you?**

**03 | What concepts and strategies of SFT do you see continuing or want to introduce into your helping role?**

# APPENDIX

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## GLOSSARY

**Precontemplation:** Not interested in or intending to make any change. Clients in this stage may be perceived as resistant, unmotivated, or in denial.

**Contemplation:** Interested in change sometime in the future and may be aware of the benefits of making change, but the costs and barriers to changing tend to stand out more. Clients in this stage are often experiencing significant ambivalence that causes them to stay in this stage for long periods of time.

**Preparation:** Interested in making change in the short term. Clients have often thought about making plans to change a behaviour and may be gathering information about ways to change.

**Action:** Clients have begun to actively take steps toward change and are following through on plans and goals.

**Maintenance:** Continuing to keep up new behaviours and prevent relapse, however frequency or intensity of change processes may decrease. External supports might also decrease over time. People at this stage are particularly vulnerable to move back to earlier stages in the process, which is normal.

**Relapse:** In this stage, clients have resumed some (or all) of the problem behaviour. Relapses are common in any behaviour change. Often the experience of relapsing and then returning to the desired behaviour can strengthen a client's motivation.

The stages of change are described as a linear process but change rarely happens in a straight line. The process of change is highly unique to each person. People can move backward or forward in each stage and can even be in more than one stage at the same time.

## COMMON MOTIVATION MISSTEPS

- Misidentifying a current stage of change
- Working too many steps ahead of client's current stage
- Assuming every client is in action stage
- Using debate as a strategy
- Assuming change is a linear process

**Notes:**

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## RESOURCES

Grantham, P. Practical Applications of Solution Focused Therapy: WORKSHEETS TO USE WITH CLIENTS

# CTRI WORKSHOPS AND SERVICES

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## TRAINING

Our training is available through open enrollment **public** workshops that anyone can attend virtually or in-person, **private** workshops held on-location or virtually for your group, and **on-demand** and **webinar** formats. What follows is a *sample* of the 50+ workshop topics we offer. For a complete list, please visit our website.

### TRAUMA AND CRISIS RESPONSE WORKSHOPS

Crisis Response Planning

Trauma – Counselling Strategies for Healing and Resilience

Trauma-Informed Care – Building a Culture of Strength

Walking With Grief – Helping Others Deal With Loss

### COUNSELLING SKILLS WORKSHOPS

Anxiety – Practical Intervention Strategies

Cognitive Behavioural Therapy – Tools for Thinking Differently

Mindfulness Counselling Strategies – Activating Compassion and Regulation

Motivational Interviewing – Strategies for Supporting Change

### CHILDREN AND YOUTH ISSUES WORKSHOPS

Challenging Behaviours in Youth – Strategies for Intervention

Play Therapy – Tools for Helping Children and Youth

Self-Injury Behaviour in Youth – Issues and Strategies

### ADDICTIONS, MENTAL HEALTH, AND DISABILITY SUPPORT WORKSHOPS

Addictions and Mental Health – Strategies for Complex Issues

Autism – Strategies for Self-Regulation, Learning, and Challenging Behaviours

Fetal Alcohol Spectrum Disorder – Strategies for Supporting

Harm Reduction – A Framework for Change, Choice, and Control

### VIOLENCE AND RESTORATIVE JUSTICE WORKSHOPS

De-escalating Potentially Violent Situations™

Violence Threat Assessment – Planning and Response

Restorative Justice – Facilitating Dialogue

### TOOLS FOR HELPERS

Managing Difficult Phone Calls

Peer Support – Equipping the Natural Helper

Providing Support Remotely – Strategies for Helping From a Distance

## MEMBER PLAN

CTRI offers a membership plan that provides the member with unlimited access to our on-demand, one-hour webinars. Member benefits include:

- Unlimited access to all on-demand webinars whenever and however often you want.
- New content is added throughout the year.
- Notification of special discounts and promotions on products and training only available to members.

## CONSULTING SERVICES

CTRI's consulting services are designed to help individuals, caregivers, communities, and organizations prevent and cope with unfortunate and distressing events. To explore how to implement these services, please contact us to discuss your needs in more detail.

- Clinical Consultation
- Crisis Response Team and Plan Development
- Violence Risk Assessment and Planning

## ASSESSMENT TOOLS

CTRI assessment tools help leaders and organizations have thoughtful and proactive discussions related to a variety of topics and issues. Each assessment tool package includes one facilitator's guide and 25 copies of the assessment tool questionnaire.

- Trauma-Informed Workplace Assessment Tool
- Wellness Assessment Tool
- Workplace Violence Assessment Tool
- Emergency Preparedness Assessment Tool

## BOOKS

We have books available for purchase through our ACHIEVE Publishing division:

- *Counselling Insights: Practical Strategies for Helping Others with Anxiety, Grief, and More*, edited by Vicki Enns, with contributions from eight CTRI trainers
- *Counselling in Relationships: Insights for Helping Families Develop Healthy Connections*, edited by Vicki Enns, with contributions from nine CTRI trainers
- *Counselling Activities Workbook: Handouts and Exercises for Working With People*, edited by Wilma Schroeder, with contributions from CTRI trainers
- *Once a Wizard*, by Curtis L. Wiebe, clinical consultation by Vicki Enns
- *A Little Book About Trauma-Informed Workplaces*, by Nathan Gerbrandt, Randy Grieser, and Vicki Enns