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Title: Solution Focused Brief Therapy (SFBT).

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Abstract: Psychotherapy models come in many forms. Some use research methods to determine what works in therapy; others are theory-based or depend on personal accounts rather than research or facts. Solution-focused brief therapy (SFBT) falls into the former category. Grounded in research, SFBT focuses on helping clients (or patients) find solutions to their problems, instead of concentrating on the symptoms causing the issue. The goal of SFBT is to obtain outcomes that will provide attainable and reasonable relief as fast as possible—rather than thinking through, discussing, and analyzing the issue, which prolongs the client's suffering. SFBT does not provide clients with solutions to their problems. Instead, it applies a time-sensitive approach that allows clients to explore what they want to gain from the therapy, and examines the resources and skills they have for reaching that outcome. Therefore, the solution comes from the client. Under the SFBT approach, therapists are advised to intervene as little, and as briefly, as possible.

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Solution Focused Brief Therapy (SFBT)

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Background

Solution-focused brief therapy was developed in 1980 at the Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin, by Steve de Shazer and Insoo Kim Berg. The history of SFBT can be traced back to the 1970s at the Brief Family Center of the Mental Research Institute (MRI), where de Shazer and his associates tried to resolve a client's issue in a shorter amount of time; specifically, within a ten-session period. This was in contrast to the longer psychodynamic therapeutic models traditionally used.

The reasoning behind the session-limited approach gained popularity because earlier studies reported that clients were in therapy for an average of six to ten sessions, regardless of the pattern of behavior used to treat the person or the clinician's plans. Still, de Shazer and his colleagues felt that brief therapy entailed more than just fewer sessions. They believed that although clients wanted solutions to their problems as quickly as possible, clinicians had the ethical responsibility of maximizing, or making the most of, the limited contact. For the client's sake, according to de Shazer, the focus should not be on trying to comprehend the root cause of the issue, but on deciphering effective and practical ways of dealing with it.

In 1975, de Shazer started building a more inclusive model of brief therapy by involving the client and his or her family members in establishing problem construction, which includes defining the factors of the problem. By 1978, de Shazer, who was no longer with MRI, started BFTC with his associates (including Kim Berg). In 1980, they began to develop SFBT. After naming the model in 1982, the core group of practitioners along with future team members kept experimenting with different techniques to determine what worked in counseling sessions. Among the tested theories were homeostasis versus morphogenesis, [catastrophe theory](#), Heider's balance theory, and Axelrod's cooperation theory. While exploring these theories, the team kept their thinking fixated on building a problem-focused and interconnected system. After the evolution of SFBT, social constructivism became its chosen framework; however, its fundamental principle has always mirrored the minimalist philosophy of [Occam's razor](#): "Entities should not be multiplied more than necessary."

Overview

Solution-focused brief therapy is an evidence-based approach that allows people to initiate change in their lives in the quickest possible time. This is accomplished through two principles: urging individuals to describe their preferred outcome and specifying successful abilities and resources based on present and past instances. SFBT encourages patients to find solutions to their problems through a talking approach—defined as the manner in which clients talk about their issues, and how the language they use can help them make valuable changes in their lives. In other words, clients talk themselves out of their issues. Because the goal is to find answers to the problem as fast as possible, solution-focused practitioners do not encourage clients to talk about the problem itself, instead directing the patient toward "solution talk."

To help practitioners properly implement and use the SFBT treatment model, the research committee of the Solution-Focused Brief Therapy Association has identified some basic principles of the approach. One tenet is that SFBT is based on solution building instead of problem solving. In addition, the focus should be on the client's preferred future instead of on previous issues and present conflicts; clients are encouraged to apply present, useful behaviors as often as possible. And when there is a problem that could have occurred but did not, the scenario can be used by the therapist and client to find solutions. Further, therapists should help clients find alternatives—that are within the client's capabilities—to negative behavior patterns and interactions. SFBT assumes that solutions already exist for the client; this is in contrast to [behavior therapy](#) and skill-building interventions. The model also asserts that small quantities of change result in large amounts of change.

To invite the client to develop solutions, the therapist must use conversational skills that differ from those required to diagnose and treat the problem. This entails posing a "miracle question" that asks the client to make-believe his or her desired future. Another technique is using a scaling question to help clients rate their situation and progress, such as on a scale of 1 to 10. At the end of the interview, the therapist must take a break. Following the break, the therapist must give the client a set of compliments. Some models of psychotherapy encourage therapists to assign homework tasks and advise clients on what they should do after the session. Giving advice is not a core component of SFBT. If the practitioner gives homework, it is usually a simple task, such as asking clients to note changes they have undergone since the last session.

The major difference between solution-focused brief therapy and traditional treatment is that traditional treatment concentrates on analyzing and exploring difficult feelings, **behaviors**, thoughts, and patient education. SFBT, however, helps clients envision their desired future, in which the issue is resolved. By exploring client strengths and resources, a client-specific pathway to transforming the vision into reality can be constructed by the therapist and the client. The client alone, however, finds his or her own path. In situations where external resources are used to arrive at solutions, the client remains the frontrunner, deciding the nature of those resources and how they should be used.

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