

Pastoral Skills Training – Family Life

Lesson 2: Solution-Focused Therapy

Instructor Guide

Lesson Information	
Lesson Objectives	Identify the principles of solution-focused therapy. <ul style="list-style-type: none">○ Explain how the seven principles of solution-focused therapy support the counselee.○ Define the requirements of describing a problem.○ Identify the qualities of well-formed goals.
Class Time: Presentation	Approximately 1.25 hours
Class Time: Discussion	Approximately 1.25 hours
Lesson Materials	
Webinar Presentation	Page 3
Webinar Discussion	Page 10
PowerPoint Slides for Webinar Presentation	02-slides.ppt
Supporting Lesson Materials	
Student Guide	Student advance sheet containing the objectives of the lesson and the materials required for participation (02-student-guide.pdf)
Student Readings	Orienting Toward Solution: How to Interview for a Change (02-orienting-toward-solution.pdf)

	Guiding Assumptions: A Way of Thinking (02-guiding-assumptions.pdf)
	Case Study (02-case-study.pdf)
	Solution-Focus Worksheet (02-solution-focus-worksheet.pdf)

Webinar Presentation		
Title	Description	Slide Number
Objectives	<p>At the end of this presentation, you should be able to do the following:</p> <ul style="list-style-type: none"> • Identify the principles of solution-focused therapy. <ul style="list-style-type: none"> ○ Explain how the seven principles of solution-focused therapy support the counselee. ○ Define the requirements of describing a problem. ○ Identify the qualities of well-formed goals. 	Slide 2
Part 1: Guiding Assumptions		
A Way of Thinking	Sometimes our way of thinking limits what we can see. We make assumptions that limit our capabilities – or the capabilities of others. – Charles Allen Kollar	Slide 4
Beliefs About Counseling	One’s beliefs about counseling are as important as one’s knowledge and skills. Learning the difference between a problem-focused approach and a solution-focused approach is a start. When this paradigm shift takes place, a new way of thinking about counseling begins.	Slide 5
Presuppositions of Solution-Focused Therapy	<ul style="list-style-type: none"> • God has given us the ability to create solutions. • The solutions can be described and clarified. • More than one outcome to counseling can be created. • The Chaplain and the counselee can do the creating and clarifying together. • We create solutions as a joint effort with God’s help. • This process can be taught. 	Slide 6
Assumptions	<ul style="list-style-type: none"> • God is already active in the counselee. • Complex problems do not demand complex solutions. 	Slide 7

	<ul style="list-style-type: none"> • Finding exceptions helps create solutions. • The counselee is always changing. • The counselee is the expert and defines goals. • Solutions are co-created. • The counselee is not the problem, the problem is. • The counseling relationship is positional. • The Chaplain’s focus is on solutions. 	
God Is Already Active in the Counselee	It is essential to keep in mind that God has been, and continues to be, thoroughly involved in the counselee’s life before we, as Chaplains, try to help. Solution-focused therapy assumes that the counselee is capable of knowing and doing what is necessary to move toward God’s intended outcome for his problem and for his life. All of us can do whatever is necessary through the strength we receive in God.	Slide 8
Complex Problems Do Not Demand Complex Solutions	Find out what is working and do more of it. Formula First Session Task (FFST): “Between now and the next time we meet, I would like you to observe your family so that you can describe to us next time what happens in your family that you want to continue to have happen.” Give this task at the end of every first session, regardless of the problem.	Slide 9
Finding Exceptions Helps Create Solutions	Exceptions represent times when the problem is not happening. They offer clues to solutions that may be created.	Slide 10
The Counselee Is Always Changing	“You could not step twice into the same river; for other waters are ever flowing on to you.” – Heraclitus As the water is always in motion, change in our lives is also constantly occurring. If, as a Chaplain, you conduct your sessions with the expectation that change will occur for the counselees, you will influence them in a positive fashion. Such Chaplains focus on change talk. With a solution-focused approach, it is more helpful to think <i>how</i> the change will occur, rather than <i>when</i> it will occur.	Slide 11

<p>The Counselee Is the Expert and Defines Goals</p>	<p>Many therapy models ... utilize the Chaplain as the expert in determining what is wrong (diagnosis) and setting the course of treatment. This role and process are similar to those of the physician who makes an observation and conducts tests concerning the symptoms, and then to those of the expert in pathology and treatment who prescribes a course of treatment for the patient. The solution-focused model places responsibility on the other side of the relationship ... clients are the experts on what they want to change as well as in determining what they want to work on.</p> <p>– Walter & Peller, 1992, p.28</p>	<p>Slide 12</p>
<p>Solutions Are Co-created</p>	<p>As Chaplains, we walk hand in hand with the counselee. We rejoice with those who rejoice, and mourn with those mourn. As we work with the counselee, we enter into what he is experiencing. Then we co-create with him a solution that is more in keeping with faith in God’s past preparation and with hope in the future that the Spirit is leading us to.</p>	<p>Slide 13</p>
<p>The Counselee Is Not the Problem, the Problem Is</p>	<p>In the vast majority of cases, the primary problem is the way both parties are <i>interacting</i>. My standard comment to such couples is, “<i>You</i> are not the problem, and <i>you</i> are not the problem; your interaction is the problem.” This frees both parties from viewing each other as the problem and makes them a team in dealing with a common problem – the <i>interaction</i>. Change the <i>interaction</i> in a deliberate way, jointly agreed upon, and the couple is on the way to a potential solution.</p>	<p>Slide 14</p>
<p>The Counseling Relationship Is Positional</p>	<p>In one solution-focused approach, the counselee is viewed as either a</p> <ul style="list-style-type: none"> • Customer (in a <i>willing position</i>). The goal for treatment has been identified jointly by both the client and Chaplain. The client indicates that he sees himself as part of the solution and is willing to do something. • Complainant (in a <i>blaming position</i>). The Chaplain and client are jointly able to identify a goal or complaint but have not identified concrete steps toward a solution. • Visitor (in an <i>attending position</i>). At end of session, the Chaplain and client have not jointly identified a complaint or goal. 	<p>Slide 15</p>

	These distinctions are not viewed as fixed characteristics. Rather, they are used as guidelines for describing <i>positions</i> , or possible positions, that the client may take during the counseling session.	
The Counselor's Focus Is on Solutions	The basic guidelines for staying solution-focused in counseling are these: <ul style="list-style-type: none"> • If it's not broken, don't fix it. • Once you know what works, do more of it. • If it doesn't work, don't do it again – do something different. 	Slide 16
Ask for questions.		Slide 17
Check On Learning	<ol style="list-style-type: none"> 1. What must Chaplains assume when providing solution-focused therapy? 2. What are the possible positions that a client may take during a counseling session? 3. In solution-focused therapy, who is responsible for defining goals? 	Slide 18
Part 2: How to Organize a Counseling Session		
Five Useful Questions	<ul style="list-style-type: none"> • Questions that highlight pre-session change • Exception-finding questions: Enhancing existing and past successes • Miracle questions • Scaling questions • Coping questions 	Slide 20
Questions That Highlight Pre-Session Change	<ul style="list-style-type: none"> • It is our experience that many people notice that things are better between the time they set up an appointment and the time they come in for the first session. Have you noticed such changes in your situation? • Each subsequent session is spent in reviewing and discovering any new changes the client makes, how the family members react to these changes, and what needs to be modified in order to stay on course. 	Slide 21

<p>Exception-Finding Questions: Enhancing Existing and Past Successes</p>	<ul style="list-style-type: none"> • The solution-focused interviewing technique magnifies and enhances a client’s successes through repeated emphasis on those few, but important, exceptions. When repeated often and examined in detail, the client’s successes become more real to her. • When the client can “see” her success and recognize that she has actually taken steps to implement it, she is forced to face the reality that she does know how to stop drinking. • When the client recognizes this reality it can easily become a self-fulfilling prophecy. 	<p>Slide 22</p>
<p>Miracle Questions</p>	<p>If a miracle were to happen, what would be different?</p> <ul style="list-style-type: none"> • What would you notice that is different? • What would you notice different about them? • How would you be different? • What else would be different? <p>Miracle questions give clients the power to imagine how things would be different if a miracle were to happen and their problem solved. Often, this is a powerful new experience for the client. When a client can project to the future and imagine a transformation of her painful, hurt, and damaged life into a more coherent, harmonious, and successful life, it is an empowering experience.</p> <p>This is the most important gift a Chaplain can give to a client: hope and a vision of possibility.</p>	<p>Slide 23</p>
<p>Scaling Questions</p>	<p>Scaling questions are designed to inform the Chaplain and also are used to motivate, encourage, and enhance the change process. Scaling questions can be used to assess the seriousness of the problem.</p> <ul style="list-style-type: none"> • The Chaplain helps the client chart her future in the direction she wants. The more the client repeats what she wants during the conversation, the 	<p>Slide 24</p>

	<p>more convinced the client is that these goals are exactly what she wants for herself. This increases her motivation and her confidence that the change is something she can carry out and maintain.</p> <ul style="list-style-type: none"> • Ex: On a scale from to 1-10, from the time you decided to call being a 1 to the miracle being a 10: <ul style="list-style-type: none"> ○ Where are you now? ○ What would bring it up? ○ What keeps it from declining? 	
Coping Questions	<ul style="list-style-type: none"> • When faced with such a discouraging clinical situation, we find that coping questions are often successful in gently challenging the client's belief system and her feelings of hopelessness while, at the same time, orienting her toward a sense of a small measure of success. • We find the coping question very useful when treating a client in an acute crisis. Before hastily reassuring the client that he has survived the trauma (which can range from a physical assault to a natural disaster), the use of a coping question uncovers and then utilizes what the client did to survive the crisis or trauma. • The emphasis in such a situation is on conveying to the client that he somehow survived the crisis and managed not to make things worse. 	Slide 25
End of Session	<ul style="list-style-type: none"> • Do more of what works. • Do one thing different. 	Slide 26
Second Session	<ul style="list-style-type: none"> • What was better? • How did you do that? • How did it affect you? • Scaling question (from 1-10) after each session? • Most clients feel the problem is fixed at a 7-8. 	Slide 27

Ask for questions.		Slide 28
Check On Learning	<ol style="list-style-type: none"> 1. What are the three requirements for describing a problem? 2. What are the seven qualities that are found in a well-formed goal? 3. What five questions are useful in solution-focused therapy? 	Slide 29
<p>Give reading and case study assignments to prepare for the discussion webinar.</p> <p>End webinar.</p>		

Webinar Discussion

Case Study:

The Chaplain is about 15 minutes into the initial interview with this client couple. They have been married 12 years. Nick is a 31 year-old E-6 platoon sergeant and Karen is a 30 year-old stay at home mother of three kids ages 8, 4, and 2. The idea of counseling is clearly the wife's idea, and she has enthusiastically chronicled his shortcomings as a husband and father. He has been fairly quiet so far, so you decide to engage him a little more and involve him in the process.

Chaplain: Nick, it sounds like your wife is not very happy with how things are going at home.

Nick: Yea, this is pretty much what I hear at home a lot. I've heard all this before.

Chaplain: She seems to have a pretty clear idea of what needs to change for her to enjoy this marriage.

[Turning to Karen] You want Nick to talk to play with the kids more when he gets home so you get a break, you want him to talk with you more in the evenings after the kids go to bed, and you want him to help you more with housework. Did I hear you correctly?

Karen: Yes, and I can't believe he doesn't even care how I feel. The more I talk the more he just stares off into the distance or walks away from me. Is that any way for a husband to act towards his wife?

Chaplain: Nick, can you tell me about a time when your marriage did not have these problems?

Nick: I think our marriage is not that bad, even now. But it was a lot better before our second child was born five years ago.

Chaplain: really? Tell me about that.

Nick: Well, before we had any kids life was a lot easier. Karen had a job at the bank and seemed a lot happier. She had good friends there, and I guess it helped her feel important, and she was easier to get along with when I got home.

Chaplain: So Karen had other adults around her during the day and that helped her stay positive.

Nick: Yea, I think so. Now she just has the kids all day long; 2 are at home all day.

Chaplain: So back when the marriage was better, before Chelsea was born, what would happen when you got home from work?

Nick: She would have dinner ready, or we would go out for dinner, and she didn't nag me from the moment I walked in the door.

Chaplain: The two of you enjoyed your meals together as a time of connection.

Nick: Yes, without the kids it was a lot easier.

Chaplain: If I was a fly on your wall back in those days, after dinner, what would I see you doing?

Nick: We would watch TV together. We like crime shows like CSI and Cold Case.

Karen: But the old CSI is better, the one in Las Vegas. Even though Grissom is gone, it is better than CSI Miami or New York.

Nick: [Rolling his eyes] I know. [Turning to the Chaplain] She does not like Miami. I think it is cool.

Karen: You just want to see the babes who are wearing next to nothing.

Chaplain: Hang on. So after enjoying dinner together the two of you would watch TV together and you felt close?

Nick: Yes.

Chaplain: Were you on separate chairs or couches when you watched TV together?

Nick: Oh no, we would usually cuddle up on the leather couch, maybe get some popcorn and beer.

Chaplain: Those were special times for you as a couple.

Nick: I guess so. Hell of a lot better than now.

Chaplain: Karen, as you look back at those times of enjoying dinner together and watching TV on the couch, how was that for you?

Karen: Yes, those were better days. I just can't see how we can get back there. [She looks down, sadness in her voice more than anger,

but clearly moved by the thoughts of better days.]

Chaplain: Let's do something a little crazy. [They look up, wondering what is next] I want you to use your imagination with me. Let's say that tonight, while you are sleeping, the Lord performs a miracle for you, and the problems you are having today just disappear – they are instantly fixed. [Karen looks down, perhaps thinking this is impossible and stupid, but Nick stays engaged]. But here's the catch [Karen looks back up]. Neither of you knows it. I mean, this miracle has happened but no one told you about it. You didn't see it happen, but now you will see the effects of the miracle. So, when you wake up tomorrow, the problems are fixed. What are the first signs you will see that give you a clue that something is different, that the Lord gave you this miracle?

Karen: I don't think I'll see anything because he goes to work before any of us gets up. It's always just me and the kids.

Chaplain: OK, Nick is not there, but your problems with Nick have disappeared. What will you see different between you and the kids.

Karen: [She thinks for several seconds, indicating she has accepted that this miracle has occurred]. Well, if I'm not mad at Nick, I guess I would not yell at the kids so much. Sometimes I'm just pissed off at them as soon as I see their messy rooms in the morning.

Chaplain: So you would already be more positive and not yell at the kids from the start of your day.

Karen: I don't know, I guess so.

Chaplain: Nick, what would be the first sign in your day that this miracle has happened?

Nick: [Answering quickly, he seems to know right away how things would be different.] It would be when I am ready to go home. Right now I usually don't feel like going home because I know things suck. But if the miracle happened and things were like the old days, I would want to go home and have dinner with her and the kids.

Chaplain: And when you walked in the door at home, what would be the next sign that the miracle has occurred?

Nick: She would have dinner ready and would be glad to see me.

Chaplain: That sounds like how things were before the kids. Tell me, how would you know that Karen is glad to see you?

Nick: Well, I guess I'd just see a smile when I came around the corner into the kitchen, maybe. That'd be nice...

Chaplain: Yeah, that sounds nice. What a great miracle... Let me check on something: You said earlier that right now your satisfaction in this marriage is at a 4 and Karen is at a 3. If you guys had a day where you [Karen] were more positive with the kids, and you [Nick] came home, were greeted by your wife, helped get the kids in bed, and then watched a TV show together with popcorn [pauses to let that picture settle in their minds], what would your level of satisfaction be at the end of that day?

Nick: It would be a 6 or a 7.

Chaplain: Wow, that's a huge jump for just one day. Sounds like just a couple of changes in your day can make a big difference.

Nick: I guess so.

Chaplain: What about you Karen?

Karen: I would go up 1 or 2, but there's still other stuff wrong in our marriage.

Chaplain: Yeah, no doubt. Things are never simple. But it sounds like this would be a step in the right direction.

Karen: Yeah.

The Chaplain did not dwell too long on all the complaining. Instead, he turned the conversation to an exception, and then used the miracle question to open up the possibility of positive change happening today. Scaling was used to measure progress, and later in the session the Chaplain got them to agree to the short-term goal of going out to dinner one night this next week, and spend one night watching a favorite TV show with popcorn. This goal was do-able, easily measured, and something known to work in their life, not the Chaplain's idea. Instead of trudging through the problem talk of what is going wrong, the Chaplain chose to re-create what is known to work, and count on the new positive environment to motivate them to make additional changes to move forward.

Case Study Discussion Questions:

1. What did you like about how the Chaplain led this conversation?
2. How do you think a conversation like this could have helped this couple?

3. Interestingly, the Chaplain appears to ignore some of the anger and problems and jibes this husband and wife throw at each other. This is apparently not by accident. Why do you think he did that? What do you like or not like about this pastoral choice?
4. At first this couple is slow to work with the Chaplain and start describing this hypothetical “post miracle” life. What do you see him doing or saying that coaxes them to work with him?
5. What bothers you about this approach to counseling? What do you like about it?
6. How would you follow up this exchange if you were the counselor here? What might you say, or ask next?
7. If you were the counselor here, what might you do differently that you think might make this exchange even more helpful for this couple?