ADVANCED TECHNIQUES FOR SOLUTION-FOCUSED COUNSELING

Education Session

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About the Presenter

Jeffrey T. Guterman, Ph.D. joined the Counseling Department in the Adrian Dominican School of Education at Barry University as Assistant Professor in 2004. Guterman is a Licensed Mental Health Counselor in Florida. He is a Qualified Supervisor for Marriage and Family Therapists and Mental Health Counselors for the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling. He is also an Approved Continuing Education Provider with the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (Provider Number BAP-594 - Expires 3/2011).

In the 1980s, Guterman was influenced by rational emotive behavior therapy (REBT) and received training and supervision in the model from its founder Albert Ellis. In the 1990s, Guterman shifted to a solution-focused approach. Solution-Focused Therapy is a strength-based model pioneered by Steve de Shazer and his colleagues at the Brief Family Therapy Center in Milwaukee, Wisconsin. His 1994 article, "A Social Constructionist Position for Mental Health Counseling" was published in the *Journal of Mental Health Counseling* and instigated a debate in both print and at workshops held at the American Counseling Association's (ACA) annual conferences in the 1990s. In 2006, Guterman's book, *Mastering the Art of Solution-Focused Counseling* was published by the ACA. Guterman has published over 100 articles and has served on various editorial and advisory boards, including the *Journal of Counseling & Development*, *Journal of Mental Health Counseling*, and *The Family Journal: Counseling and Therapy for Couples and Families*.

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Description of Education Session from Convention Guide

Saturday, March 20, 2010
2:00 pm - 3:30 pm
Counselor Education & Supervision Academy
Program ID # 213, Convention Center, **Room 402**
Advanced Techniques for Solution-focused Counseling
90-Minute Program, Advanced
Jeffrey T. Guterman, Barry University, Miami Shores, FL
Solution-focused counseling is a strength-based model that emphasizes clients' natural resources and problem-solving skills to bring about positive change. This education session offers an opportunity to learn a variety of advanced techniques for solution-focused counseling. The program is designed for counselors of all roles and settings. Group exercises will help attendees apply the material.

Historical Development of Solution-Focused Approaches

Solution-focused therapy was developed by Steve de Shazer and his colleagues at the Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin. Solution-focused therapy was influenced by the Mental Research Institute's (MRI) problem-focused therapy (e.g., Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fisch, 1974) in Palo Alto, California. In problem-focused therapy, problems are conceptualized as repeated applications of ineffective solution attempts. It follows that in problem-focused therapy," the solution is the problem." In contrast, solution-focused therapy developed an inverse of the problem/solution ascription by proposing that the problem has within it the seeds of a solution.

One evening, while feeling stuck in a case, a therapist consulted with the team at the BFTC during a break. After getting a range of responses from the team, someone recommended that the therapist simply ask the client to observe what happens between now and the next session that they want to continue to have happen. It was felt that this would be an ideal intervention because it was positive, yet it didn't ask the client to do anything new. This was the beginning of what has become known as the "formula first session task" of solution-focused therapy:

> "Between now and next time we meet, (we) I want you to observe so that you can tell (us) me next time, what happens in your life (or marriage or family or relationship) that you want to continue to have happen." (Molnar & de Shazer, 1987, p. 349)

The above intervention was called a formula task because it did not vary in relation to whatever the presenting problem might be. It was an attempt to create a context for expecting positive things to happen. De Shazer and his colleagues, and many other theorists, have subsequently developed a growing body of research and knowledge in the area of solution-focused theory.

Principles of Solution-Focused Counseling
- Solution-focus
- Collaborative approach
- Small changes can lead to big results
- Emphasis on process
- Strategic eclecticism
- Brief by design, but not always
- Responsiveness to diversity

Implications of a Social Constructionist Position

- Clinical reality as a social construction rather than an objective reflection of reality.
- Counselors as participant-observers rather than independent of clients and problems.
- Language as the distinction of treatment concern rather than a perspective that views human systems as the locus of problems.
- A collaborative approach and an emphasis on cooperating rather than an educative approach and viewing clients' oppositions to change as resistance.

Problem/Exception

In solution-focused counseling, the notion of "problem" suggests the other side of the distinction, namely, "nonproblem" or exception (i.e., times when the problem does not happen even though the client has reason to expect it to happen; de Shazer, 1991).

For every problem there is an exception (either actual or potential). Accordingly, in solution-focused counseling, a problem is conceptualized as problem/exception. In solution-focused counseling, problems are also conceptualized in terms of the client not noticing exceptions:

> Problems are seen to maintain themselves simply because they maintain themselves and because clients depict the problem as *always happening*. Therefore, times when the complaint is absent are dismissed as trivial by the client or even remain completely hidden from the client's view. Nothing is actually hidden, but although these exceptions are open to view, they are not seen by the client as differences that make a difference. (de Shazer, 1991, p. 58)

If exceptions are identified and amplified, then problem resolution can be brought about in an effective and efficient manner. See Figure 1 below for an illustration of the solution-focused theory of problems and change.

Clinical Stages of Solution-Focused Counseling

Adapted from de Castro, S., & Guterman (2008) and Guterman (2006).

The practice of solution-focused counseling usually involves the five stages listed below. Because each client and family is unique, these stages serve as a guide that will at times require detours by counselors.

1. Coconstructing a Problem and Goal

> This stage involves clients and counselor working together to negotiate a solvable problem and attainable goal. During this stage, it is important to co-construct a problem definition and goal that fits with clients' worldviews. When co-constructing a problem and goal, the counselor looks to clients for direction in selecting a problem definition. Clients might attribute the problem to any number of various "causes," including an event, another person's behavior, or a psychological construct. It is important at this stage for counselors to gain a thorough understanding of clients' worldviews in order to co-construct a meaningful problem and goal.

> Some supervisors dubiously warn, "Don't create a problem!" This seems to make a lot of sense when operating from a worldview that holds that there are real problems "out there," and one's job is to help the client identify those real problems, not imaginary ones that you, the counselor, might unwittingly foist upon them.

> It still makes sense to share a caveat—Don't create a problem!—to the extent that it is important to be mindful of not imposing pathological or other unhelpful problem definitions on clients. On the other hand, in a postmodern world there are no objective problems per se. If we accept the social constructionist doctrine that "real" is only what a group of people have decided to call real, then a real problem in counseling becomes real only when counselors and clients join together and define it as such. Thus, the proper question is how shall we go about cocreating solvable problems for counseling?

> The process of coconstructing a problem may be started by simply asking the client, "What is the problem that brings you here today?"

> The notion of a problem can be bypassed altogether by asking the client, "What is your understanding of what brings you here today?"

> Counselors can also frame the question in goal-setting terms by asking, "What would you like to accomplish through counseling?"

> Regardless of the questioning used, it is important during this stage to coconstruct a goal along with the problem. When developing goals, it is preferable to do so in

positive (rather than negative) language (i.e., as an increase of something, rather than as a decrease of something).

In many cases, counselors can help clients to specify the problem by requesting that the client provide a video description of the problem. To obtain a video description, a client might be asked, "If five hundred people saw the problem happening and, further, if they all agreed that the same thing was happening, what would it be that they would all agree had happened?"

In some cases, the problem and/or the goal might be too large in scope. Bipolar disorder, for example, is a large problem definition. Some counselors and clients might even argue that bipolar disorder is an unsolvable problem. For those clients with chronic mental illness who are also noncompliant with their prescribed medications, initially helping them be compliant with their medication regimen is often an attainable and relevant goal. Limiting the scope of the goal can also serve to instill hope for many clients, especially for those who complain that they have failed in previous treatment.

Construction of a problem and a goal that fits with the client's idiosyncratic frame of reference is perhaps most important. In a case involving a divorced woman, for example, the client defined the problem as loneliness. The counselor assumed that the goal would be to eliminate loneliness. The client, however, helped the counselor understand that her goal was to cope with, rather than eradicate, loneliness. The client understood loneliness as a given in her current life situation based on her need for love, her inability thus far to find a suitable mate, and her unwillingness to settle for an unhealthy relationship (the latter being a strength and, hence, an exception that the counselor promptly noted and amplified). The client and the counselor ultimately reached a consensus that the goal of counseling would be to increase effective coping skills for loneliness.

When coconstructing problems and goals, it is usually best to look to the client for guidance in selecting a description. In keeping with a social constructionist orientation, resist temptations to be lured into a search for the "correct" problem— unless, of course, the client has bought into such a search. Instead, justify constructions in terms of a fit with the client's worldview.

2. Identifying and Amplifying Exceptions

Counselors help clients identify exceptions through presuppositional questioning that creates an expectancy for change. For example, it is important to ask, "*When* has there been a time when you coped better with the problem?" rather than, "Has there been a time when you coped better with the problem?" If exceptions are identified, clients are helped through various solution-focused questions to amplify exceptions. If clients are unable to identify exceptions, then counselors might encourage clients to consider small differences. If clients still state that there have been no exceptions, then counselors can aim to identify potential exceptions.

There are always exceptions to clients' problems. Addicts resist using drugs, depressives have up days, and oppositional adolescents comply with the rules. The problem is that sometimes clients do not recognize these exceptions. By helping clients identify and examine these exceptions, we can help them work toward solutions.

The first rule of thumb when asking questions aimed at identifying and amplifying exceptions is to watch your language. In particular, presuppositional questioning refers to using questions as interventions.

For example, it is important to ask, "*When* has there been a time when you coped better with the depression?" rather than, "*Has there* been a time when you coped better with the depression?" The latter is a yes-or-no question that leaves room for the client to respond negatively. The former carries with it a sense of expectancy that there indeed have been times when the client has coped better with depression.

If the client identifies exceptions, then proceed to amplify these (see section below). If the client states that there have been no exceptions, however, encourage the client to consider small differences. Clients can frequently recall exceptions when asked to consider small changes that have occurred. It has also been found that small changes often lead to bigger changes. If the client is unable to identify small differences, then identify *potential exceptions*.

Sometimes counselors become frustrated when clients are unable to identify exceptions. In such cases, it is suggested that counselors do not view this occurrence as resistance, but as useful information. The client might be so problem-focused that it is necessary for the counselor to help them visualize what a solution would look like. Questions aimed at identifying potential exceptions might take the form of asking, "What will it be like *when* you are coping better with the problem?" This process is derived from de Shazer's Crystal Ball Technique, which involves encouraging clients to picture themselves in a future situation in which they are functioning satisfactorily. Molnar and de Shazer (1987) have noted that "the 'Crystal Ball Technique' came to be regarded as a precursor of a solution focus, in that it was an early attempt to systematically focus the client on solutions rather than on problems" (p. 350).

Similar to the Crystal Ball Technique is the Miracle Question, one of the most widely practiced solution-focused techniques:

"Suppose that one night there is a miracle and while you are sleeping the problem that brought you into therapy is solved: How would you know? What would be different?" (de Shazer, 1988, p. 5)

If exceptions are identified, the client is then helped (through various lines of questioning) to amplify and ascribe meaning to these exceptions. One of the main functions of amplifying exceptions is to help clients identify the differences between the times when they have the problem and the times when they do not. An example of such questioning might be, "How did you make that happen?" One of the main purposes of the amplification process is to empower clients with a sense of self-efficacy. Below is a list of the amplifying questions that I most frequently use in solution-focused counseling.

Questions for Amplifying Exceptions

How did you make that happen?
This question is designed to elicit specific behaviors, coping methods, and what the client did to make the change which was recognized as an exception. This question is also aimed at creating a context for establishing a sense of self-efficacy for the client, which is also brought about by the other questions listed below.

How did it make your day go differently?
This question is designed to make a connection between exceptions and good things happening in other areas of the client's life. This speaks to the snowball effect that exceptions can have in clients' lives and the principle that a small change can lead to big results. We have all heard of kicking the dog when we are upset or angry about work or something else, but sometimes when good things happens (i.e., exceptions), this spills over in positive ways in other areas of our lives, too.

Who else noticed?
This is a useful question if there are other people in counseling sessions such as family members. But this question can also be posed if no one else is present in the session. This question often helps identify differences that the client might have otherwise not considered.

How is that different from how you have dealt with the problem in the past?
This helps clients recognize the differences between new behavior and past problem-solving behaviors that were not effective.

What did you tell yourself to make it happen?
This is aimed at helping clients identify the coping self-statements that might correspond to their exceptions.

What does this say about you and your ability to deal with this problem?
This question is aimed at eliciting a response to the effect, "I guess I am capable of solving this problem." This question was adapted from Michael White's narrative therapy approach (White & Epston, 1990) in which clients are helped to ascribe new meaning to the unique outcomes in their lives and thereby construct new stories, a process he called restorying.

What are the possibilities?
 Similar to the above question, this question is aimed at ascribing a sense of hope, optimism, and determination in relation to the problem and goal. This question was also adapted from White's narrative therapy model.

3. Assigning Tasks

The third stage, assigning tasks, is aimed at clarifying and building on the problem, goal, exceptions, or potential exceptions identified in the previous stages. Molnar and de Shazer (1987) set forth a comprehensive decision tree for selecting solution-focused tasks based on the degree to which clients are able to identify and amplify exceptions, set goals, and define problems. For example, if a client is able to identify and amplify exceptions, then he or she is given the following task:

"Between now and the next time, I would like you to continue to do more of the exceptions."

If a client is only able to identify potential exceptions, but is not able to identify exceptions, then he or she is given a task along the following lines

 "Between now and the next time, I would like you to observe for those times when it happens in your life (i.e., exceptions)."

In every instance, it is important for the task to make sense to the client. Accordingly, every effort should be made by the counselor to assess if the client agrees that the task is a meaningful activity given the problem and goal.

See Section below, Solution-Focused Tasks

4. Evaluating the Effectiveness of Tasks

The fourth stage involves evaluating the effectiveness of tasks. During this stage, counselors help clients identify and amplify exceptions derived from tasks that were given in the previous session.

If the client states, "I did not remember to do it (i.e., the task)," the counselor can avoid creating resistance, and instead, foster a cooperative approach by responding, "Okay. No problem. Let's think about it now. When was there a time this past week when you were dealing with the problem better?" In such cases, it is likely that the counselor will find themselves where they started in the previous session with the client—in the early stage of initially identifying and amplifying exceptions. The client's not doing the task also serves as useful information for the counselor, namely, that perhaps this client will not be compliant with the type of task that was given. If the counselor wishes to enhance future cooperation from this client, then perhaps he or she had better modify tasks in the future to fit with this client or not give tasks at all to this client.

If the client reports that there were no exceptions, aim to identify small changes as described above. If the client maintains that there were no exceptions, it may be necessary to reconstruct the problem and/or goal, or consider techniques aimed at identifying exceptions, potential exceptions, or clarifying the problem and/or goal. In some cases, however, exceptions come out later in the session (i.e., the client might recall exceptions after he or she stated that there were none).

In other cases, especially with couples and families, clients will be very problem-focused at the start of the next session. They might assert that things got worse or they might have recently experienced a severely problematic situation (perhaps just before the session). When this happens, counselors can suggest to the client, "I am very interested in hearing about this, but I would first like to check on the task that we discussed at the end of the last session." Most of the time, clients will agree to this. After inquiring about the task (and hopefully identifying and amplifying exceptions), the problem can be reevaluated and, if needed, reconstructed.

5. Reevaluating the Problem and Goal

The fifth stage, reevaluating the problem and goal, involves clients and counselors considering the extent to which the exceptions derived from tasks amount to an attainment of the goal. At this stage, counseling is either continued or terminated. If the goal has been reached or clients have made significant progress in the direction of the goal, then it might be fitting for counselors to ask clients if they think that further sessions are still needed at this time. Ideally, clients and counselors will reach a consensual agreement when treatment is and is not needed. If clients indicate that further sessions are still needed, then the problem and the goal are reconstructed. The contention that counseling is still required indicates that the problem or goal has not yet been satisfactorily constructed or attained, respectively. Clients might indicate that the goal has been reached and that there is now a new goal. In such cases, it is important to help clients modify the problem definition and goal. The goal might need to be more attainable, more specific, and/or more relevant to clients' problems.

Discussing whether further treatment is needed maintains a focused approach during solution-focused counseling and helps to curtail the incidence of drop outs. A large number of clients drop out of treatment after just a few sessions either by canceling or by just not showing for appointments. It has been suggested that some of these terminations are premature. From a social constructionist position, however, such an assumption represents an objectivist (i.e., independent of the observer) view pertaining to when treatment is and is not needed. Of course, there are instances when we feel responsible to intervene against clients' wishes (e.g., in cases when clients present as a danger to themselves or others), and our roles as counselors are then transformed to that of social control agents. Ideally, we should strive to reach a consensus with clients regarding the issue of when treatment is and is no longer needed.

If the client indicates that further treatment is still needed, this indicates that the problem or the goal has not yet been satisfactorily resolved or attained, respectively. However, the client may also indicate that the goal has been reached and that there is now a new problem or goal. It could be said that talking about a problem at different times necessarily produces a change in its construction (i.e., the words used and hence the meaning ascribed to it changes). The counselor can use this inevitability to work toward reconstructing solvable problems. The goal might need to be more attainable, more general, more specific, or more relevant to the client's problem.

In cases when clients have made some gains in counseling yet feel that they have not made sufficient progress to end treatment, it may be helpful to enter into a discussion about how they might handle future problems. In particular, ask clients how they might handle problems, conflicts, and challenges differently than they did in the past. Review the specific strategies that clients are able to identify to deal with such situations (e.g., coping skills, behaviors). These might be exceptions that have already been identified through the course of counseling or they might take the form of potential exceptions. Then, ask clients if they think they will be able to deal with these issues if they arise. If

the client feels confident that they are able to deal with these issues, then it might be appropriate to suggest that further session are no longer needed at this time. If possible, always leave the door open and invite clients to reschedule an appointment in the future if they feel it is necessary. In some cases, clients report that they feel able to deal with their issues but still want to stay in counseling. Perhaps they feel that more progress is needed, they want to maintain the professional contact, they are not sure if their changes are for real, or they have other problems that want to work on. In other cases, it seems clear that further counseling is still needed. The client might have made little progress toward the goal. Perhaps the goal is unattainable. If a client decides that the goal is to "be happy" and does not specify in behavioral terms what being happy is, then he or she is destined to fail.

Solution-Focused Tasks

Following is a list of five tasks and corresponding rationales. These tasks represent a simple attempt at establishing a decision tree to choose from a list of interventions aimed at realizing the objectives of solution-focused counseling. These tasks were adapted from Molnar and de Shazer (1987).

Task # 1

The client is told and asked, "Between now and the next time, I would like you to observe, so that you can tell me next time, about those times when you are able to make it (the goal) happen."

    Rationale: This task is given if the client is able to construct a problem and goal, and identify and amplify exceptions.

Task # 2

The client is told and asked, "Between now and the next time, I would like you to pay attention to and make note of what you do when you are able to effectively cope with or deal with the problem."

    Rationale: This task is given if the client is able to construct a problem and goal and identify exceptions, but is unable to amplify exceptions.

Task #3

The client is told and asked, "Between now and the next time, I would like you to observe, so that you can tell me next time, what happens in your life (relationship, family, work situation) that you want to continue to have happen."

    Rationale: This task is given if the client is able to construct a problem and goal, and potential exceptions, but is unable to identify exceptions.

Task 4

The client is told and asked, "Try to avoid making any drastic changes. If anything, think about what you will be doing differently when things are improved."

    Rationale: This task is given if the client is able to construct a problem, but is unable to construct a goal.

Task 5

The client is told and asked, "The situation is very volatile. Between now and the next time, attempt to think about why the situation is not worse."

    Rationale: This task is given if the client is in severe crisis.

Solution-Focused Techniques

Some of the following material was adapted from Guterman (2006):

Mapping the Influences of the Problem

Michael White, in his narrative therapy model (White & Epston, 1990), developed a technique called *mapping the influences of the problem*, which can be adapted within solution-focused counseling. In narrative therapy, this technique refers to a line of questioning aimed at helping the client understand how the problem has influenced his or her life. This process serves to increase opportunities for identifying unique outcomes (a phenomenon that is similar to exceptions). When mapping the influences of the problem, counselors ask how the problem has affected various aspects of the client's life, including relationships, work, and daily functioning.

Mapping the influences of the problem is a way to speak to some clients' need to talk about the problem, address its influences, and feel as if the problem is not being stolen away from them. This is one of the down sides of a solution-focused approach and brief counseling models in general. Because brief counseling models are designed to produce such rapid results, some clients are left feeling as if the treatment is superficial. Mapping the influences of the problem can address such concerns. If the problem is depression, then the counselor might ask the client to identify ways in which depression has affected aspects of their life. The counselor might ask, "How has the depression affected your work?," "How has the depression affected your relationships with family members?," or "How has the depression affected your health?"

A second purpose of this technique in solution-focused counseling is to use the influences as a basis from which to later identify exceptions. After the client has identified various influences of the problem, the counselor can go back to these influences and inquire about exceptions. In the case of anger, for example, the counselor might inquire about exceptions at work, in the client's relationships with family members, and with regard to his or her health.

Scaling

Many times clients understand the problem as an on/off experience (de Shazer, 1994). You either have it or you don't. Scaling techniques are useful for clients who find it difficult to discern exceptions and notice differences. Scales are useful because we can bypass the limitations of language and agree upon a term—for example, "6," "9," or "2"—to denote what would otherwise be a subjective experience.

Ask clients to rate their subjective experiences, such as how they feel, how they deal with their problems, and so forth on a scale from 0 to 10. Molnar and de Shazer (1987) developed a reverse scale which can be effective:

> The rating scale was deliberately upside-down. This was designed to help confuse the up-down metaphor and to have the shift from "depressed" (i.e., 7 or 8 ratings) to "normal" (2 or 1 ratings) be represented by a "downhill slide" rather than an "uphill battle." (p. 352)

Ask clients to keep a written record to keep track of their ratings. For example, for a client with anxiety, ask them to rate the severity of their anxiety on a daily basis. In addition, ask them to record other information, such as what happened, what they did to cope, who they spent time with, and so forth. Then, review the ratings with your client, and focus on the client's best days and highlight the other information that was recorded as these are exceptions that can be amplified.

Journaling

The structured log or journal is a useful exercise for clients who are unable to identify exceptions, are only able to identify potential exceptions, are not focused, are only able to construct vague goals, or are not able to develop goals at all. The client might be asked to keep track of times when the problem does not happen or when the goal happens. The client is asked to describe in detail what they did, how they coped, what was different, and so forth. For example, if a client describes the goal of counseling as, "I want to be more in control of my life," they might be asked to keep a log of what they are doing when they find that they are feeling more in control of their life. Recalling that small changes can lead to big results, the client should be asked to make notes of any small examples, too. The structured log often leads to helping the client identify exceptions and set more attainable and realistic goals.

What's Better?

De Shazer (1994) proposed a simple question that counselors can use during follow-up sessions aimed at identifying exceptions: "What's better?" This is a good question to ask if you are unclear regarding where you left off after the prior session. Perhaps you did not agree on a task. Maybe it was unclear what the task would be. Maybe you and the client were unsure of what direction you were going in at the end of the prior session. Starting off the next session with the question, "What's better?" can get you and the client in a solution-focused direction from the start. This question might also help identify exceptions that were missed in prior sessions or raise new problems and exceptions that were never discussed before in counseling. There are many variations to the "What's better?" question. You can ask the client, "What's new?" You can even start the session with more neutral questions by asking, "What's up?" or "What do you want to talk about?"

The Surprise Task

When working with couples and families, the surprise task can serve to identify positive outcomes that might otherwise not have been produced in counseling. Tell the couple or family the following:

> Between now and the next time we meet, do at least two things that you think will surprise the other person (spouse, parent, or child). Do not tell them what the surprise is. The other person's task is to see if you can figure out what the surprise was. Be sure not to discuss the surprises between sessions. We will discuss them during our next session.

In this task, one family member (such as the husband) is instructed to surprise another family member on two occasions. The other family member (such as the wife) is instructed to observe for times when the other surprises them. The wife is therefore looking for surprises, similar to how clients are often guided to look for exceptions. Begin the next session by asking the other person (e.g., the wife) what surprises they observed. Usually, this other person reports more than two surprises. And often they report observing surprises that were not among those that the family member intended to be surprises.

Strategic Eclecticism

Solution-focused counseling allows for the compatible application of diverse theories and techniques within its own clinical theory and, moreover, in a manner that enhances the facilitation of the change process. Solution-focused counseling is unique because unlike most clinical approaches, its formal content (see below) is posited in general terms that permits the incorporation of virtually any informal content (see below) during the change process. The only requirement is that the client and counselor agree to the chosen informal content. In effect, solution-focused counseling is a meta-theory or a "process model" of counseling insofar as it is capable of reconceptualizing and reexplaining any idea (i.e., informal content) within its formal content.

Another way of understanding solution-focused counseling's eclecticism is in terms of a strategic approach. The term *strategic* is used here to refer to an effort on the part of counselors to tailor conceptualizations and interventions to account for the uniqueness of each client, thereby facilitating the change process in an effective manner (and often in a brief period of time).

Various writers have drawn a consensual distinction between the process and content aspects of counseling and psychotherapy. According to Held (1992), *process* refers to what clinicians do (i.e., interventions, methods, and techniques) to facilitate change. *Content* refers to the object of change in any given clinical theory. Two levels of content have also been defined by Held (1992): formal content and informal content. *Formal content* refers to the clinicians' assumptions "about what really or objectively causes . . . problems, that is, predetermined explanatory concepts that must be addressed across cases to solve problems" (Held, 1992, p. 27). *Informal content* refers to the client's "more idiosyncratic, nonobjective assumptions about what is causing or maintaining a particular problem" (Held, 1992, p. 27).

Solution-focused counseling has a unique eclectic capability in cases when a client's frame of reference (informal content) is in keeping with the formal content of some other clinical approach. Thus, solution-focused counseling allows for the conceptualization of formal contents of other clinical systems as informal contents (i.e., as metaphors rather than as objective depictions of the domains of problem formation and change) that are, in turn, incorporated at solution-focused counseling's own formal content level. As an example, if a previous consumer of rational emotive behavior therapy (REBT) were to attribute his or her problem to irrational beliefs (formal content), then this informal content could be used at the formal content level of solution-focused counseling during its change process. In solution-focused counseling, the informal content of irrational beliefs would be conceptually interpreted at the formal content of solution-focused counseling (problem/exception) as irrational beliefs/rational beliefs. The change process would involve helping the client to identify and amplify exceptions to the problem (i.e., times when he or she is thinking and acting rationally).

The use of formal contents from other models as informal contents within solution-focused counseling need not be restricted to instances when clients initiate such content. Counselors not only become influenced during the change process by learning and incorporating the

client's frame of reference, but also teach their worldview to clients when appropriate. Thus, if appropriate for the client's problem and frame of reference, we may introduce to our clients theories from other clinical systems at the informal content level, in hopes of then using these theories at solution-focused counseling's formal content level during the change process.

The following case example illustrates solution-focused counseling's strategic approach to eclecticism.

A 29-year-old single woman came to the first counseling session clutching Melody Beattie's best-selling book, *Codependent no more*: *How to stop controlling others and start caring for yourself*. The counselor did personally find codependency to be a particularly useful construct. But it would be unfitting in solution-focused counseling to tell the client, "I am sorry, but I don't work with codependency!" Although the counselor did not favor the concept of codependency, it was recognized that it is real insofar as some people believe it to be true. This is socially constructed reality. For the client and the millions of people who live by Beattie's book, codependency is not only a metaphor, but it is a reality. Accepting the client's construction of the problem and then using it in the direction of change served as a means that proved fruitful for solution-focused ends. In keeping with solution-focused counseling's strategic approach to eclecticism, the construct of codependency (formal content) was conceptualized as informal content. Then, the problem of codependency was conceptualized in terms of solution-focused counseling's problem/exception ascription at the formal content level, namely, codependency/not codependency. Counseling was organized around helping the client to define behaviorally what she considered to be codependent and then to identify and amplify exceptions to her codependent behavior. The sessions comprised various interventions, including assertiveness training and cognitive restructuring.

More of the Same

Sometimes clients are stuck simply because the counselor has given up too quickly on the basics of solution-focused counseling. Don't give up on it too quickly before shifting to another strategy or some other model. Did you carefully and patiently help the client to identify exceptions? Small exceptions? Potential exceptions? Did you amplify the exceptions? Perhaps you should give it another try. Maybe it would help to ask your questions differently. If you look back on your case notes, your client might have even identified a small exception somewhere in the course of counseling but he or she—and you!—considered it to be irrelevant or unremarkable. Maybe you reinforced their view by not looking at the exception and amplifying it. Following is a checklist to assist in the process:

- Did you carefully and patiently help the client identify exceptions?
- Small exceptions?
- Potential exceptions?
- Did you try asking your questions differently?
- Did you persist in your efforts?
- Did you negotiate small, simple, and relevant goals that the client knows how to accomplish?
- Did you amplify the exceptions?
- Maybe the client identified a small or potential exception during the session but he or she—and you!—considered it to be irrelevant or unremarkable.
- Did you try a strategic approach to eclecticism?
- Did you try doing something different?

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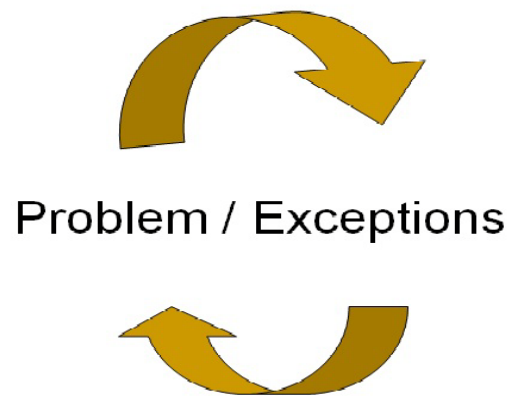
Figure 1. Solution-Focused Theory of Problems and Change.