



Applications of Solution-Focused Brief Therapy in Acute Care

AMANDA BUSHEK, LPC, LAC, MAC

MENTAL HEALTH PARTNERS

Agenda

- ▶ Introduction
- ▶ SFBT overview
- ▶ SF Acute Care Interventions
- ▶ Practice

SFBT Principles

- ▶ If it isn't broken, don't fix it
- ▶ If it works, do more of it
- ▶ If it is not working, do something different
- ▶ Small steps can lead to big change
- ▶ The solution is not necessarily directly related to the problem
- ▶ The language requirements for solution development are different than those needed to describe a problem
- ▶ No problem happens all the time. There are always exceptions that can be utilized
- ▶ The future is both created and negotiable

Problem Solving vs Solution Building

Problem Solving

- ▶ Evaluate the Problem
- ▶ Diagnose the Problem
- ▶ Utilize known information about the diagnosed problem
- ▶ Evaluate the resources/strengths
- ▶ Determine the best course of action
- ▶ Implement the course of action

Solution Building

- ▶ Determine the desired goal
- ▶ Assist the client in creating a detailed account description of the goal
- ▶ Assist the client in evaluating where he/she is in relation to the desired goal
- ▶ Assist the client in evaluating times in which he/she was successful in moving toward the desired goal
- ▶ Work backwards to discover keys to success

SFBT Skeleton

1st (Future)

- Calibration
 - Greeting and Connection
- Identify what the person wants
- Goal Formation Question
- Explore (utilize difference, relationship, how questions)

2nd (Present and Past)

- Scale Present
- Higher or Lower (exception questions)

3rd (Immediate Future)

- Next Steps
- 24 hour Goal
- Feedback and Follow-up

SFBT Core Interventions

- ▶ Goal Formation Question (Miracle Question, Suppose, Fast Forward)
- ▶ Scaling
- ▶ Compliments
- ▶ Difference Questions
- ▶ Relational Questions
- ▶ Exception Questions

Application of SF in Acute Care

- ▶ Goal Formation Questions
 - ▶ Goal identification
 - ▶ What is important to the client?
 - ▶ What would the client like to be different?
 - ▶ Goal Formation
 - ▶ Future oriented
 - ▶ Miracle Question
 - ▶ Fast Forward
 - ▶ Suppose

Application of SF in Acute Care

- ▶ Scaling
 - ▶ Makes Concepts Measurable
 - ▶ Provides assessment information (diagnostic scales)
 - ▶ Provides a tool to measure change (therapeutic scales)
 - ▶ Neutral tool to highlight exceptions and highlight change
 - ▶ Use 0-10 or 1-10
 - ▶ The 10 equals the desired goal

Application of SF in Acute Care

- ▶ Safety Scales
 - ▶ Definition of 10 includes hardship
 - ▶ For example: “Even though things are really difficult right now, you know you can make it through”
 - ▶ Definition of 1 (or Zero) states immanent threat
 - ▶ For example: “You are going to leave the office today and kill yourself”
 - ▶ Ask why so high
 - ▶ For example: “Okay, so you are a 4. Why a 4 and not lower, like a 2 or a 3?”
 - ▶ If 1 or lower: follow emergency procedures
 - ▶ If higher than a 1: safety planning

Application of SF in Acute Care

- ▶ Relationship Questions
 - ▶ Assists the client in exploring how the changes impact all elements of his/her system
 - ▶ Assists the client the keeping the plan realistic and inclusive of all factors
 - ▶ Increases the client's ability to see things from another perspective

Application of SF in Acute Care

- ▶ Difference Questions
 - ▶ Help explore meaning
 - ▶ Increase hope that change will make a difference
 - ▶ Encourages clients to explore if potential changes are realistic, feasible, and worthwhile

Application of SF in Acute Care

- ▶ Compliments
 - ▶ Highlight areas of success that the client has already identified as useful.
 - ▶ Focuses on aspects within the client's life rather than on behavior during the sessions (compliment vs. behavioral reinforcement)
 - ▶ Must be genuine
 - ▶ Two Step: (1) Highlight & (2) How

Application of SF in Acute Care

- ▶ Exception Questions
 - ▶ Help highlight the times in which the problem does not exist or is less severe
 - ▶ Assist therapists in exploring if something that a client tried before was useful
 - ▶ Must be client driven
 - ▶ Only useful if the client sees them as useful in helping to get to the “miracle.”
 - ▶ Can be used with scales (there is always a reason why they are as high as they are; why a not)

Vicarious Resiliency

- ▶ Focus on what you want to get bigger
- ▶ Be genuine with compliments
- ▶ Believe that people have a good reason for what they do
- ▶ Remember that people are people
- ▶ Believe that the future is both created and negotiable

Contact

- ▶ Amanda Bushek, LPC, LAC, MAC
 - ▶ abushek@mhpcolorado.org