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The three authors co-founded the Brief Therapy Group in Dublin, Ireland. This is a psychotherapy, training and consultation service and a leading provider of Brief Therapy training and consultation to professionals. This book distils the insights of their training approach into an accessible guide to practice.

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>6</td>
</tr>
<tr>
<td>Preface</td>
<td>7</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>10</td>
</tr>
<tr>
<td>Chapter 1 - Becoming a solution detective</td>
<td>11</td>
</tr>
<tr>
<td>Chapter 2 - Starting where you are at</td>
<td>23</td>
</tr>
<tr>
<td>Chapter 3 - Where do you want to go?</td>
<td>39</td>
</tr>
<tr>
<td>Chapter 4 - How far have you come?</td>
<td>57</td>
</tr>
<tr>
<td>Chapter 5 - What is the next step?</td>
<td>77</td>
</tr>
<tr>
<td>Chapter 6 - When it doesn't go so well</td>
<td>95</td>
</tr>
<tr>
<td>Key to Case Studies</td>
<td>110</td>
</tr>
<tr>
<td>A Final Note</td>
<td>120</td>
</tr>
<tr>
<td>References</td>
<td>122</td>
</tr>
</tbody>
</table>
Foreword

When I started teaching solution-focused brief therapy in Finland with my colleague Tapani Ahola in the mid 1980s there simply were no textbooks or manuals that would describe in jargon-free language, and with engaging case vignettes, the basic principles of solution-focused therapy. Times have changed now. There are currently quite a few hands-on books about how to help clients find solutions to their problems in a solution-focused manner, some better than others. The book that you are now holding in your hands is better than others.

Presenting radical ideas needs to be done in a sympathetic fashion and this is precisely what the authors of this book have accomplished. They have found a way to avoid disturbing the reader with the feeling that the model being presented is a quick fix that anybody can learn by just attending one workshop or reading a fashionable book about the subject. Nobody would believe such nonsense. It is true that it is easy to learn the principles of solution-focused therapy but we all know that it takes years of practice to become proficient in utilising those principles effectively in the face of the varied situations that we clinicians deal with in our daily work with clients.

If you are a student of psychotherapy, you will enjoy this book very much. First of all, it is just the right size and it gives you enough ideas about this approach to therapy that you can actually start testing them in your work with clients the next day.

If you are a professional psychotherapist reading this book you will be pleased to discover that it is able to explain complicated psychological concepts with the kind of clarity that many such books don’t possess.

If you are a person contemplating seeking therapy for a problem of yours, please take my advice and don’t read this book. With all the illustrative case examples and useful exercises provided in the text, you might be able to overcome your problem all on your own, and that would not be good for the business of psychotherapy!

Ben Furman, Psychiatrist
Helsinki, Finland
Preface

One of the great strengths of solution-focused therapy is its simplicity. Both the originators of the model in the Brief Family Therapy Center in Milwaukee (de Shazer et al., 1986) and later developers such as the Brief Therapy Practice in London (George et al., 1990) shared a concern to make the approach clear, concise and not over-cluttered with theory or intellectualisation. The aim was to make psychotherapy brief and efficient, both in theory and practice.

In our work at the Brief Therapy Group in Dublin, we attempt to emulate these principles of simplicity and conciseness, both in our approach to therapeutic work and in how we teach the approach to others. In teaching, our aim is not to overcomplicate the essence of psychotherapy with extra theory or overly abstract ideas but rather to demystify the process, making the ideas accessible and relevant to all. Indeed, we believe the benefits of a solution-focused approach to problem solving extend far beyond the limits of psychotherapy and counselling, and that this approach has much to contribute to arenas such as education, personal development, conflict resolution, organisational consultancy and life management.

In addition, we attempt to imbue our teaching with a respectful attitude to our students, with an appreciation of the many different contexts in which they find themselves and the many different strengths they already bring to the art of psychotherapy. Indeed, we suspect that collectively we learn more from the participants in our training workshops than they from us!

In this book we attempt to provide a frame for the solution-focused model. We have found that it has been helpful for us in our work and we invite you, as readers, to consider the ideas from your own contexts and perspectives. We invite you to read the book in an experiential fashion and to try out the ideas in your own lives and we encourage you to become solution detectives in your ongoing development as therapists, discovering the many clues to progress which already exist in your successful practice.
Overview of chapters

We have attempted to structure the book on a simple formulation of the solution-focused model. Chapter 1 outlines the background to the approach and the metaphor of being a solution detective. Chapters 2 to 5 outline the model in action, with a series of titles that mirror the developmental stages of the approach: ‘Starting where you are at’, ‘Where do you want to go?’, ‘How far have you come already?’ and ‘What is the next step?’. Finally, Chapter 6 ‘When it doesn’t go so well’ considers some of the obstacles in applying the model and how these can be overcome.

How to use this book

This book is designed to give you an experiential sense of solution-focused therapy. It contains practice exercises that we advise you to try out in relation to your own professional practice. Each chapter also contains a case study that allows you to try out the ideas in relation to a specific case. Sample answers and approaches are given at the back of the book. These are by no means the only ‘right’ answers, and are just designed to get you going. We expect that many of your own ideas will be far more useful.

Adapting the practice exercises to working in a small group

The book is suitable for individual students, as well as those studying in pairs or in small groups. Though the Practice Exercises are written with the individual reader in mind, most of them can be adapted to work in a small group, giving a greater opportunity for skills practice. To do this simply employ the following procedure:

1) Each member should spend a few minutes reading through the questions in the exercise. It may be helpful to make some notes in a workbook.

2) Identify a person to take on the role of speaker and another to adopt the role of listener. The remaining group members can act as observers.
3) Decide how long you want the exercise to last (five to ten minutes is sufficient). You should repeat the exercise a few times in the group, switching roles to ensure different people have an opportunity in different roles.

4) In the role of speaker:
Speaking to the listener, talk about your answers to the questions. It may be helpful to go through them one by one, or you may prefer to follow the flow of the conversation around the theme.

5) In the role of listener:
You are to listen carefully to your partner. Encourage him/her to keep speaking and to elaborate on the questions in the exercise. See yourself in the role of a solution-focused counsellor, respectfully asking the questions, curious and interested in the answers and valuing what the speaker says.

6) In the role of observer:
You are to listen carefully to the process and give feedback to both parties at the end; to the listener, comment on the listening skills you have observed; to the speaker, comment on further strengths you have observed.

7) After the agreed time for the exercise, take time to debrief and constructively feed back to one another before repeating the exercise in different roles.
Acknowledgements

Very many people have positively contributed to the writing of this book. We are grateful to all our colleagues and mentors and the many people who have attended our training courses, from whom we have learnt so much. We would specifically like to acknowledge Chris Iveson, Evan George, and Harvey Ratner of the Brief Therapy Practice in London. They have collectively been influential in teaching us the ideas of brief therapy and supportive in our development as trainers. We thank them for their spirit of generosity.

We would also like to thank Scott Miller of the Institute of Therapeutic Change in Chicago who has been an inspiration to us in his continuous quest to understand the therapeutic process, and whose visits to Dublin have given singular boosts to the development of the Brief Therapy Group. Thanks also to Ben Furman, for helpful debate about the ideas behind the book and Imelda McCarthy for encouraging the development of our team.

We are also indebted to Eva Sharry for her great creativity and trojan work in the onerous task of laying out and putting the book together and to Beverly Sperry who helped keep the Brief Therapy Group running smoothly during this busy time.

A special thanks to Michael whose peaceful presence in Ferrals les Corbières encouraged us to feel relaxed and tranquil while this book was being completed.

We would also like to thank the partners from our personal lives: Geraldine, Bridin, and Tim, for their patience and support when our attention was turned toward the development of this book.

Finally, we would like to acknowledge our clients and trainees; without their insight and ideas for change this book would never have been written. We are continually honored to witness people’s unique ability to create a better future.
CHAPTER 1

BECOMING A SOLUTION DETECTIVE

1. Always approach a case with an absolutely blank mind, which is always an advantage. Form no theories, just simply observe and draw inferences from your observations.
2. It should be your business to know things. To train yourself to see what others overlook. In an investigation, the little things are infinitely the most important.
3. Results are come by always putting yourself in the other fellow’s place, and thinking what you would do yourself. It takes some imagination, but it pays.

The Art of Detection by Sherlock Holmes*

The role of a counsellor or therapist can be likened to that of a great crime detective such as Sherlock Holmes. Much can be learnt from his approach to the art of detection. Like a skilled brief therapist, he emphasises the importance of approaching each case with a ‘blank mind’, uncluttered by hypotheses or theories. He considers it essential to think differently and to value significant details and little things ‘as infinitely the most important’. In addition, like a sensitive counsellor, he knows that results depend on empathetically understanding the ‘other fellow’, seeing the world through their eyes.

Many writers have likened the role of a solution-focused therapist to that of a crime detective (Selekman, 1997; Van Bilsen, 1991). But they have not chosen the wise, measured style of Sherlock Holmes as the perfect role model, but rather the peculiar, bumbling style of the famous TV detective, Columbo (see case example 1.1.)! Columbo is an unassuming, dumb-appearing detective who drives an old, beat-up car and wears a shabby white raincoat, but who is always successful in solving the crime and unmasking the killer. He always adopts a polite, almost

* All quotes from Sherlock Holmes which appear throughout the text are from The Science of Deduction and Analysis by Sherlock Holmes (Conan Doyle, 2001)
obsequious approach to his suspects. He appears bumbling and goes off into long tangents about his wife or his car, to make his suspects feel at ease and to open up. He confides in them about the difficulties he is having with the case and seeks their help in solving it. His trademark is to return continually to the main suspect with another question or to tie up a loose end. This peculiar bumbling but persistent style masks an extremely shrewd detective who is remarkably successful in getting the suspects to open up and incriminate themselves.

Therapists can learn a lot from Columbo’s unassuming, ‘one-down’, seemingly non-expert way of interviewing people. The clients are viewed as the experts and they are the ones most consulted about the case; they hold key knowledge and are encouraged to open up. Just as Columbo is always appreciative of how the suspect co-operates (as in case example 1.1 letting Columbo into his house, agreeing to answer one more question) and just as he is always complimentary (e.g. about his host’s choice of whisky), so the solution-focused therapist is appreciative of each example of client co-operation and always seeks to identify and value client strengths and skills.

Case example 1.1
Lieutenant Columbo takes on a suspect

‘I hope I’m not intruding on your privacy, coming to your home like this,’ says Lieutenant Columbo, ‘but one thing still bothers me that I need your help with.’

‘That’s no problem,’ says Grant. ‘I’m always happy to help the police department. Do come in. Can I make you a drink?’

‘Oh, that is not necessary sir.’

‘Oh, it’s OK Lieutenant, you’re off duty. Join me in a Scotch. It would be my privilege.’

‘OK sir, thank you.’

Grant pours two Scotches and hands one to Columbo who takes a sip.

‘Mmh that tastes really good sir.’

‘It’s a twelve year-old single malt.’

‘Wow, I’ve never had one of those before, really good. My wife, she doesn’t think I should drink whisky.’
Becoming a solution detective

Though Sherlock Holmes and Columbo are excellent role models for the solution-focused therapist, they are not perfect ones. There is one fundamental difference between their approach and that of a solution-focused therapist: Columbo and Sherlock Holmes are problem detectives and solution-focused therapists are solution detectives. The former are intent on investigating the crime and unmasking the killer. The latter are intent on discovering the solution and in crediting the client with this achievement. While Columbo’s relationship with suspects is polite and deferential, it is always adversarial; his intention is to lure them into inadvertently...
incriminating themselves. The solution detective’s relationship with clients is always collaborative and transparent, and his/her intention is to ‘lure’ clients into inadvertently complimenting themselves, and recognising their own strengths and potential.

While Sherlock Holmes admires the prowess and intelligence of his suspects, his relationship is always competitive; his intention is to skillfully outwit and win one over on them. The solution detective also admires his/her client’s intelligence and ability but the relationship is interdependent and co-operative, based on client and therapist working together from their respective strengths (the client as expert on his/her life and the therapist as expert on therapeutic interviewing) to achieve a win-win outcome (a win for the client in terms of the therapeutic goal achieved and a win for the therapist in the satisfaction of another successful outcome).

Making the shift as a therapist

Making the shift as a therapist to being a solution detective can be difficult, given the fact that the bulk of therapist training focuses on problem detection and the skills of being a good problem detective. Certainly, this was the authors’ experience of initial psychotherapy training. We were taught the importance of looking for and analysing problems, of skillfully pinpointing what was wrong in clients’ lives, so this could be concisely summarised and sensitively fed back to them in the form of diagnosis or interpretation. Case discussions with colleagues became centred on elaborate ‘exposés’ of clients’ problems, the more problems we found and the more interwoven and intergenerational they were the better. A truly great therapist would quickly and concisely find out what was really going on and discover even more elaborate problems beneath the surface, some of which not even the clients themselves were aware of!

On learning solution-focused therapy, we became interested in the reverse process. What if, instead of putting all this time and effort into understanding and categorising problems we channelled this energy into pinpointing and understanding strengths in client’s lives? What if we became expert detectives of solutions rather than problems? What if, instead of skillfully framing an interpretation or diagnosis to a client, we
concentrated on skillfully framing compliments that were genuine and well-timed, and inspired them to believe in themselves and to move forward? It strikes us that a well-timed, genuine framing of a person’s strengths can do more good than a well-timed, genuine framing of their problems and weaknesses. This in essence then is the reformulation and reorientation on which solution-focused therapy is based.

In this book we encourage you to become solution rather than problem detectives, both towards your clients and towards your own developing practice as a therapist. We encourage you to search for clues that reveal hidden strengths and potential resources, rather than clues that demonstrate hidden problems or even more complicated pathology. We suggest you use the power of your thinking in a different direction, to generate new solutions and alternative ways forward in your work. Consider Practice Exercise 1.1, as one means to reorient yourself as a solution detective.
Looking for clues to the solution

The best place to hide anything is where everyone can see it.

Sherlock Holmes

Like Sherlock Holmes, good detectives know how to look differently at the facts. They know how to free their minds from the clutter of obvious hypotheses in order to consider the data from a creative angle to reveal new clues and possibilities. They know how to evaluate and weigh up the evidence and to distinguish the clues which signpost the solution, from the ‘red herrings’ that lead to a dead end. In addition, the solution detective has a very particular angle on things. Whereas the problem detective looks for clues that reveal deeper problems and diagnoses, the solution detective
looks for clues that reveal hidden strengths and positive possibilities. In interviewing the client the solution detective asks very different questions and the responses are filtered through very different ‘lenses’ in their minds. Consider some more of the differences as listed in table 1.1.

<table>
<thead>
<tr>
<th>Table 1.1 - Comparison of problem and solution detectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem detective</td>
</tr>
<tr>
<td>Looks for clues that reveal deeper problems and diagnoses.</td>
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<tr>
<td>Tries to understand fixed problem patterns in clients’ lives.</td>
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<tr>
<td>Elicits detailed descriptions of problems and unwanted pasts.</td>
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<tr>
<td>Is interested in categorising problems and applying diagnoses.</td>
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<tr>
<td>Focuses on identifying what’s wrong, what’s not working and on deficits in individuals, families and communities.</td>
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<tr>
<td>Interprets and highlights the times the clients resist or are inconsistent in their responses.</td>
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<td>Explores how trauma has affected or damaged clients.</td>
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</tbody>
</table>

(Source: Adapted from Sharry, 2001)
Thinking strength

Perhaps the fundamental shift from being problem to solution focused is in how we think about and respond to our clients. All our questions and responses are imbued with a belief in client strengths, skills and resources. This is not to deny that clients have problems or to minimise the impact of these on their lives, but rather is out of a belief that such a reorientation is more helpful. If clients do solve their problems or learn to live more resourcefully in spite of their problems, they do so as a result of their personal strengths and resources, rather than their weaknesses and deficits.

As Baruch Shalem put it ‘There is nothing wrong with you that what is right with you couldn’t fix’ (as cited in O’Connell, 1998). To use another example (described in Sharry, 2001), a middle-aged man may become depressed for a variety of reasons: he may have had a recent trauma or loss in his life; he may be having relationship problems with his partner; he may be reliving a childhood pattern of relating; he may be obsessed about negative events in his life.

But how this man solves the problem of his depression may have little connection with the original causes, but will generally be due to his own strengths and resources. For example:

* He may have the strength of self-awareness to understand the causes of his depression and to distance himself from them;
* he may have the courage to draw on the support of friends and family;
* he may have the persistence to get out and to do things, such as work or engaging in leisure;
* he may be able to coach himself and use positive self-talk to overcome negative ruminations.

(Sharry, 2001)

The solution is ultimately due to his own actions and emerges from within his own strengths and resources. If he receives help, such as informal family support, this will be successful only insofar as he is able to avail of this support. His ability to relate to his family and draw on their support is a critical variable. Even in the case of formal help, such as counselling,
this only works with his co-operation and ability to make the counselling work for him. Thus collaborating with clients’ strengths and aspirations is the most likely route to success.

Framed another way, the aim of this strengths-based focus is to connect with and invoke the client’s own self-healing potential. This approach mirrors that of Carl Rogers, regarded by many as the ‘father’ of modern counselling as he formulated the preconditions for therapeutic change:

Gradually my experience has forced me to conclude that the individual has within himself the capacity and the tendency, latent if not evident, to move forward toward maturity. In a suitable psychological climate this tendency is released and becomes actual rather than potential... Whether one calls it a growth tendency, a drive towards self-actualisation, or a forward-moving directional tendency, it is the mainstream of life, and is, in the last analysis, the tendency upon which all psychotherapy depends.

(Rogers, 1961, p35).

Though solution-focused therapy is perhaps more directional and focused than the non-directive model proposed by Rogers, the solution-focused therapist also seeks out this self-healing or self-actualising drive, but does this by actively focusing on client strengths and resources. Hidden or potential client strengths are thus the first clues the solution detective looks for in the search for a solution. Case Study 1.1 is an example of how potential strengths can be identified from reviewing a case referral to a family clinic.

**Case study 1.1**

Consider the following referral to a family clinic. Though on initial reading it can appear negative (as many referrals do), what clues to the solution are there in the description? What client strengths do you see? What questions might you ask to explore these clues and to begin to uncover the solution?

Mary is a mother of four children, aged 2 to 10. The visiting heath nurse is concerned that the youngest child is being neglected: he is dirty and rarely attended to by the mother when she visits. Mary is very sensitive to any criticism about her parenting. She has a lot of previous involvement with profes-
Looking for clues with your own clients

*It is of the highest importance in the art of detection to be able to recognize, out of a number of facts, which are incidental and which vital.*

Sherlock Holmes

As therapists, it can be difficult to focus on client’s strengths, particularly if we are having difficulties in working with a case, are pessimistic about the possibility of progress or feel negative about the client. However, this is often the best time to think differently and to begin to view the client and the therapy through a strengths-based lens.

The effect of such a reviewing or reframing of a case can be twofold. Firstly, identifying both client strengths and strengths in your therapeutic approach may provide clues to making progress. Secondly, your changed thinking may alter your attitude towards the client and thus the interpersonal dynamic that is occurring. Constructive thinking may cause you to be more accepting and more understanding of a client and thus transform a conflictual therapeutic relationship into a more collaborative alliance. Put another way, a conscious decision to change your thinking to a more strengths-based stance can help you communicate more readily two of the core attitudes which Carl Rogers deemed as essential to therapeutic progress, unconditional positive regard and empathic understanding (Rogers, 1961). Consider now applying these ideas to one of your cases in Practice exercise 1.2.
Practice exercise 1.2
Looking for clues with your own clients

A. Think of a client that you have found challenging to work with currently or in the past. Now think of three positive characteristics you can attribute to this client and list them below, for example what do you admire about them in spite of the difficulties inherent in the case?

1.
2.
3.

B. Now think about three things that you did/said during your work with the client that you felt helped make the session work better, for example what positive qualities, which you are pleased about, did you bring to the case in spite of any difficulties?

1.
2.
3.

Summary

In this chapter, we have described the principles that underpin the work of a solution-focused therapist. Using the metaphor of being a solution detective, we have attempted to describe how this work is distinct from traditional psychotherapy in the clues the therapist and client search for; notably client strengths, resources, goals and preferred futures as opposed to client deficits, problems and unwanted pasts. Before we consider the search for each of these clues in Chapters 3 to 6 and embark on a journey in search of the solution, let’s look at a very important, though often forgotten, initial step in the next chapter: starting where the client is at.