- Narrative therapy seeks out *exceptions* in order to develop *alternative narratives* for future life stories.
- Metaphors are used to bring a descriptive character to problems that are then *externalised* to relieve an individual of blame.
- *Alternative narratives* are maintained through experimentation and feedback over time.

Conclusion

Narrative therapy offers those social workers who are wishing to hold to a socio-political discourse a means to move beyond critiques of inequalities about how power dynamics of society operate and incorporate these directly into their practice with service users. The specific techniques incorporated into questions broaden problem-saturated narratives to integrate other, more positive attributes and qualities into an awareness of lived experience and increase an individual's perception of their own capacity. The socio-political influence is important as this raises and places in context other factors that contribute to problems, such as discrimination, poverty and life events, while simultaneously increasing personal agency in relation to current and future action.

While a lesser-known therapeutic medium in general terms, narrative therapy is possibly one of the most useful for politically minded or creative social workers. It is also extremely useful when working with children and young people, with the potential to incorporate playfulness and creativity into interventions. Externalising can be especially liberating for children and young people with few emotional resources and low self-esteem, as this creates some distance between the 'sense of self' and overwhelming, disempowering self-blame.

Further Reading

Narrative Means to Therapeutic Ends (White & Epston, 1990) is the classic text on narrative therapy, which includes the socio-political context alongside narrative techniques.

What is Narrative Therapy? An Easy-to-Read Introduction (Morgan, 2000) develops introductory skills using practical examples.

Playful Approaches to Serious Problems (Freeman et al., 1997) brings creativity into narrative therapy with children and is highly recommended.

Narrative Therapy (Madigan, 2010) explores the complexities of 'interactive narratives' that constitute the functioning self in conjunction with 'cultural discourses about identity and power', which is useful for those wishing to explore narrative therapy at a more advanced level.

Dulwich Centre Publications (www.Dulwichcentre.com.au) has a free downloadable library of articles regarding narrative therapy practice both with children and with adults.

7
Using Solution-focused Therapy in Social Work Practice

Key Concepts	Key Theorists and Practitioners
- Social Constructivist Origin - Solution-focused Language - Emphasis on Goals and Outcomes - Scaling Questions	- de Shazer - Berg & Dolan - O'Connell & Palmer

Introduction

Integrating the solution-focused approach within social work practice relies on a shift away from a problem-focused approach towards seeking positive change with individuals or families. Problem-resolution is put aside in favour of seeking desirable outcomes. The desired outcomes need not equate to the resolution of the problem for this approach to be successful. Thus the successful outcome might co-exist with the problem but the shift in focus away from the problem towards the desired outcome brings this approach into future-orientation rather than reinforcing past preoccupations.

While there are critics of this approach, drawing on elements of solution-focused therapy can help social workers to broaden their skills in communicating with individuals and groups by widening their repertoire of language and therapeutic options. This chapter offers an overview of the foundations

of solution-focused therapy and details the manner in which some of the techniques can be incorporated into social work practice to achieve change.

The 'Miracle Question' (de Shazer, 1988) has deliberately been excluded from this chapter, because of the high level of skill required to integrate it successfully into practice.

An Overview of the Solution-focused Approach

Solution-focused therapy relies on a radically different orientation from many of the other counselling approaches. Numerous counselling models require problems to be understood by both the service user and the practitioner in some form of collaborative alliance termed the working relationship. While collaboration within a working relationship remains essential, solution-focused therapy does not demand a link be made between the problems experienced by a service user and the outcomes or solutions they wish to achieve in their lives. Thus the emphasis of conversations between service users and practitioners is less on trying to understand the cause of problems in depth and reduce their impact, and more about exploring what is required to bring about change. Problem-resolution and desired outcomes of therapeutic intervention are therefore not synonymous.

De Shazer (1985) is the principal author and practitioner associated with this approach, although Milton Erickson's innovatory (1980) work was also initially influential. Although brief and solution-focused approaches are not totally interchangeable (solution-focused therapy is a type of brief therapy), elements in practice of how problems are acknowledged and understood and their solutions sought for change to occur bring the two models closely together.

Theoretical Underpinnings of a Solution-focused Approach

Born out of a shift away from psychoanalysis and its requirement for intensive therapeutic contact over a significant period of time for problems in life to be understood and resolved, brief and then solution-focused therapy challenged this requirement for change to occur. Extensive research over the 1960s and 1970s (Bateson, 1972) indicated positive outcomes for short-term intervention (Street & Downey, 1996). Steve de Shazer (1985) and his colleagues from the Brief Family Therapy Centre, Milwaukee, discovered that those people who were attending therapeutic sessions were just as able to bring about

change by talking about the future as they were by gaining insight into problems in the past. Examining problems that were seated in past experience was not an absolute requirement for positive change in the future.

Brief therapies are are short-term, with minimal intervention and a determined shift away from practitioner-led goals towards those identified by a service user. Immediately we will recognise here that social workers in statutory services are often bound to work towards service-led and legal objectives, which sits in contrast to the stance taken by brief therapies. As research has indicated strong links between meeting service user expectations and their resultant perceptions of 'better' outcomes (Street & Downey, 1996), to successfully embrace elements of a brief or solution-focused approach, a resolution to this dilemma in practice needs to be found (SISWE 1.1; 2.2; 4.2. NOS 1:2.4; 2:5.3; 5:14.1). Nevertheless, the expectation of a brief approach is that of a short-term as opposed to a long-term intervention.

Social Constructivism as a Foundation

Brief and solution-focused therapies are seated within the post-modern genre of social constructivism, whereby an objective meaning of reality does not exist. Rather, experience is interpreted as the result of an individual's social context and culture. Social constructivism serves as the foundation for solution-focused therapy, that is, 'we can never really "know" the reality of the world of another' (Hoffman, 2002). The crucial aspect of social constructivism is the inclusion of social context to the development of perception, beliefs, and behaviour.

Language, the Development of Social Structures, and Individual Experience

Social constructivist ideas linked to language are important for understanding the theoretical basis of solution-focused therapy. According to our lived experience within a social context, we interact with each other by using language that is mostly construed from the dominant discourse. Thus social structures such as those determined by social policy will form the basis of social interaction: of our beliefs about who we are and how we should be living our lives. However, while our interpretation of events is made as a result of our socialisation within these contexts, the meaning of an experience remains unique to every individual. It is the interpretation of the meaning of events that cannot easily be accounted for from the perspective of the dominant discourse in

society – the dominant social group where 'expertise' is believed to be located. For example, a white male 'expert' is unlikely to be able to fully make sense of the lived experience of a black woman. Any 'expertise' in this respect becomes invalid. Taking the stance of an 'expert', from this perspective, inadvertently causes us to make assumptions that might not be part of an individual's own experience. Thus the stance of 'expert' is largely rejected, notwithstanding legal requirements such as legal and ethical matters that cannot be abandoned by practitioners.

Social constructivism therefore rejects the modernist scientific position that a certain set of variables would result in a certain outcome for individuals, and is unconcerned with scientific validity (von Glasersfeld, 1987). While this is not an argument for an 'anything goes' approach, the diminishing role of the expert, with an exclusive hold on 'truth', is put to one side in favour of individual accounts of experience. Personal accounts of experience are given weight since these contain both personal knowledge derived from social encounters and individual meaning given as a result of interpretation through a social context. In this respect, there are some similarities between solution-focused and narrative approaches, since these share a post-modern foundation and acknowledge the importance of social context in shaping the meaning given to experience.

Solutions and Outcomes in Social Work

Committed practitioners of other models of counselling might highly criticise this model for ignoring the 'underlying' factors that often result in problem repetition. However, research (de Shazer & Berg, 1997: Macdonald, 2007) does support the efficacy of an emphasis on solutions in therapeutic encounters rather than on problems for short- and long-term change (SISWE 4.1. NOS 6:18.2). While this does not account for change within a social work context, it offers some validity for our inclusion of the approach in therapeutic practice.

The motivation for assessment and intervention when embarking on forms of counselling will typically be different for service users and practitioners. Service users, assuming that there is no statutory requirement for the engagement to which they object, are more likely to be motivated to want to find a solution to problems and ease distress. Practitioners, however, might be more interested in understanding the causal factors within problems than a service user and could block the effective use of this model.

Certainly within social work, if we accept a process model of engagement, assessment and intervention, we could easily fall into this 'typical' practitioner's frame of reference. We attempt to engage with people, we use theoretical

concepts alongside data collection to formulate an analytical assessment of the problems experienced, and we then move towards an intervention based on our findings (Compton & Galaway, 1999).

Although social work actively embraces social constructivist ideas in that we recognise and value the uniqueness of individuals, we must also rely on a level of 'expertise' (for example, knowledge about the legal framework, psychological theories and research findings) to inform our practice (SISWE 4.1. NOS 6:18.2). For the most part, the social work role does not fit with a pure solution-focused approach, although its strong emphasis on engagement and developing a working relationship brings it into our domain (SISWE 2.2. NOS 2:5.1). As with other counselling models offered in this book, a solution-focused approach can be integrated into social work practice, albeit selectively, as a way to shape interventions, acknowledging the dilemma that occurs between the role of 'expert' and the 'not knowing' position of solution-focused therapy (de Shazer & Berg, 1992).

Techniques for Practice

Several key principles are intrinsic to the solution-focused approach. An understanding of the use of language and the way we frame experience is of overriding importance here. This approach uses goal-setting for service users, seeks exceptions, searches for evidence of individual competence, and incorporates scaling questions in order to work with a person towards a desired outcome. The manner and context in which these skills can be incorporated into social work practice are examined further.

Solution-focused Talk

De Shazer (1994) outlines the importance of language in problem definition and the exploration of future outcomes. Solution-focused language moves away from statements that are stable, permanent, internal and global (O'Connell & Palmer, 2003): for example, 'I am naturally shy, which means I have never been able to make friends. I am always lonely'. This is parallel to the cognitive behavioural approach (see Chapter 3). The assumptions that can be made from such statements are various.

This position for such a person is assumed to be the result of biological or genetic factors that are outside of their control and that they therefore cannot change. The stability of the problem over time, the all-encompassing nature of the description, and the internal orientation of the problem immediately limit the possibility for change. Solution-focused language would lead a practitioner

to enable a service user to see a problem as 'unstable ... occasion-specific ... external ... [and] transient' (O'Connell & Palmer, 2003). To redefine the problem described requires deconstruction by the worker and the service user – that is, they must examine the problem's components in relation to space, time, and impact. Thus the above example could be deconstructed and reframed as 'When meeting new people I find it hard to talk so it limits me making friends. When I am not sure what to say and others are talking I feel very alone. Not having friends gets to me and I get lonely when I want to share my thoughts with someone else'. The shift in language and the specificity of having deconstructed and reframed the statement provide an opening for exploring future, hoped-for outcomes to the work, for example, 'What I want is to be able to talk to other people and share activities with them'.

Arriving at a position where future, hoped-for outcomes could be explored requires some acknowledgement of the problem, otherwise a person might feel unheard. Drawing on the listening skills outlined in previous chapters is essential, as is offering a temporary secure base, referred to in Chapter 4, for change to occur. The attributes of offering positive regard, warmth and empathy as explored in Chapter 2 are also entirely relevant here. However, it is the language used and the stance of 'not knowing' another's position that are integral to a solution-focused approach, as is the reinforcement that the service user has the necessary 'expertise' to define how their situation would feel 'better'.

In many of the helping professions, the language used to describe and formulate problems often groups and labels people into broad categories that leave little room for individual accounts of experience. Individual descriptions might not entirely fit with these broad groupings and therefore labels are viewed as unhelpful within the solution-focused approach. Social work has long been committed to challenging oppressive language. This model therefore fits very well in this respect with social work values. Diagnostic 'mental health' labels are especially limiting when seeking positive outcomes with people. These can generate assumptions that problems are internally located and are therefore insurmountable and influential over all of the life-experience. Employing a solution-focused approach requires the abandonment of using labels for people with problems: for example, 'a depressive', 'conduct-disordered', 'anxious personality'.

Case Study

Carol sought social work assistance when, as a carer for her mother, Joyce, a woman in her eighties with poor physical health and early-onset dementia, she believed she could no longer cope with her responsibilities and required help. Carol had attended her GP on several occasions a few years previously feeling fatigued and had been prescribed anti-depressants. She thought of herself as a 'depressive person' and believed her 'emotional weakness' was the reason for her lack of coping. She had struggled with her feelings for several months before she decided to ask for practical help. Carol's social life had been declining in quantity and quality over the seven years that she had been caring for Joyce on a full-time basis. She had retired from a busy profession where she had experienced companionship and status, and had hoped to travel and see the world. Her plans had been cut short when her father had died six months after her retiring and she took on the caring responsibilities that had been his.

As Carol's social activities had been declining, so had her mood. She had long since lost sight of her plans to travel and on one occasion had felt so frustrated that she hit Joyce. Carol was horrified by her actions, which prompted her referral to social services to request support. At that time she did not know what kind of help she wanted, only that the situation could somehow 'feel better'. Carol was certain that she did not want Joyce to move out of her home into any form of residential care.

While Joyce was the named service user, her needs were being met primarily by Carol and, therefore, any future consideration of social services support also needed to take into consideration Carol's needs and her capacity for caring.

There are several features to Carol's story that could be reframed using a solution-focused approach. Her beliefs about herself, as indicated by the language she used ('a depressive person' with 'emotional weakness') are located as an internal problem, i.e. as if some biological or genetic tendency were the reason for her feelings, leaving no obvious scope for change. The terms also appear to be all-encompassing or global, as if every minute of every day, in every situation, life is a struggle. This globalisation of feelings or problems limits any opportunity to recognise strengths or small achievements. Carol believes she has an 'emotional weakness', yet for seven years she has put the needs of her mother above her own life plans and coped without any other practical help. Deconstructing the situation allows these areas of success to be acknowledged.

Using internal and global frames of reference for feelings and problems results in these appearing to be stable over time. Carol's life story, however, indicates that she held a responsible position throughout her career and was once optimistic and excited about her future. Over seven years, her love of life has eroded to the point where she has had to resort to violence as an outlet for her frustration. Deconstructing her descriptions reveals that her low mood has not been stable over a lifetime but in fact has been situation-specific.

While Carol had already considered her role as a carer and her own and Joyce's needs before referring to social services, i.e. that they required practical assistance in order that Joyce could remain living with her, Carol was caught up with unhelpful feelings of blame and guilt. These feelings, if left unresolved, might have continued to impact on her relationship with Joyce and on other more separate aspects of her life. Using a solution-focused approach to deconstruct her story, Anne Marie worked with Carol over three sessions.

Anne Marie listened carefully to Carol's statements. She noticed that she was describing herself in globally negative terms and seemed to be locating the source of her struggles in some kind of internal emotional problem rather than a situational one. While Anne Marie did not halt the flow of Carol's descriptions, she enquired how she had managed to keep going. Further discussion about the various strategies Carol had employed and how she had adapted these as

(Continued)

(Continued)

Joyce's condition had worsened revealed to Carol her strengths and successes over the course of the previous few years. She did not appear to have noticed these before, including the determination and endurance required to continue caring for her mother, even though she felt exhausted. This compounded her belief that she was somehow inadequate for her role.

To ensure that Carol did not feel unheard, Anne Marie did not dismiss her descriptions of the problems she was currently experiencing, and instead allowed her some time to share this. Once confident that Carol had imparted what she had hoped to share with her, Anne Marie led the discussion into exploring the outcomes of the contact that Carol had hoped to achieve. Carol articulated that she did not know what could be done but that she needed help to continue to care for her mother and to ensure that she did not arrive at a point of frustration where she would assault her mother again. Carol was deeply regretful about this incident.

When Carol had started to discuss her problems, Anne Marie helped her to identify times when the problems impacted upon her life less and when she seemed to be coping better. Carol recognised the least stressful times being late evenings when Joyce was asleep and when Carol could read or watch TV.

Anne Marie encouraged the flow of conversation to touch on Carol's interests. While her involvement in leisure pursuits had gradually declined over the years, they were able to identify that Carol enjoyed history and archaeology, and especially visiting old buildings of historical interest. Her membership of a club had lapsed but Carol did still read about archaeological discoveries from time to time. Anne Marie noted how Carol became more animated as she spoke of this.

Using the three sessions to this end, Anne Marie and Carol explored ways in which she could work towards her preferred outcomes, including obtaining practical support to assist her to care for Joyce and increase her leisure activities again.

Social Work Application

While referring Joyce was a request for practical assistance from social services, another risk inherent in Carol's and Joyce's situation was the potential for further violence to Joyce. Using a solution-focused approach, Anne Marie was able to offer minimal intervention to enable Carol to deconstruct her own personal account of her situation and allow her to seek solutions that would both improve the quality of her life and reduce her stress. This approach revealed an avenue that would explore strengths and interests that had been overlooked by Carol as a result of feeling overwhelmed and powerless regarding her life circumstances. The focus here was on Carol, as the solution-focused component of the care plan was undertaken directly with Carol, although it led to protecting Joyce.

Anne Marie had used questions that generated a discussion about Carol's competence and reinforced to her that she did have many positive attributes and strengths. If Anne Marie had made this observation herself, it is unlikely that Carol would have accepted it. As it was Carol's own personal account

that provided the affirmation of ability, it was accepted as having validity. Competence-seeking as a mode of communication skills can be incorporated into most areas of social work practice.

This approach would not advocate exploring the decisions made around the time Carol's father had died, nor the impact or reasoning of the choices that had culminated in her isolated position. This would result in a problem-focused rather than a solution-focused approach. Instead, the focus was on exceptions to the problems and the outcomes that Carol wished to achieve to 'feel better'. Carol 'feeling better' would protect Joyce from future harm by preventing an escalation of her daughter's frustration. What Carol would need now does not need to be directly linked to experiences in the past or the causal factors that led to feelings of low mood for this approach to be successful.

The opportunity for a pure solution-focused approach will rarely present itself in most social work settings. However, the language of this approach can be incorporated into our work as a means to empower people to share their own account of their experience and to find outcomes that are favourable to them. At times these outcomes might not include those required by the agency and this is a factor that social workers need to question constantly. In Carol's case, her favoured outcomes, to reduce the quantity of her care responsibilities and increase the quality of her life, would result in a reduction of the risk towards Joyce and thus these were in keeping with agency objectives.

Skills Component

- Develop a working alliance by being clear about role, nature of agency, and any agency constraints.
- Use communication skills such as being attentive, reliable, and showing a genuine warmth and positive regard.
- Encourage service users to give their own account of their experiences rather than what they believe is the cause of their problems.
- Ask questions that affirm competence, e.g., 'How did you accomplish this?'.
- Listen for exceptions, when someone is coping more or the problems seem less.
- Introduce the concept of different choices in the manner in which an experience might be perceived, i.e. as a reaction to high levels of stress rather than an internal 'breakdown'.
- Facilitate an exploration of the specific outcomes a service user is hoping for most: 'What do you want to be different?'
- Resist placing an emphasis on seeking causal explanations to problems or linking problems with potential outcomes.
- Engage in 'problem-free' talk: for example, 'What are your interests?' 'What do you enjoy doing?'

> Service User Feedback: 'It was annoying at first. I wanted to say about my problems. I thought, You're not listening! But then I talked about what could be better and then I felt better, more positive, more happy'. *(Adolescent female with school-based difficulties)*

Goal Setting

Once the beginnings of a working alliance or working relationship have been formed, and after the service user feels they have heard enough to explore desired outcomes for the work, specific goals can be agreed upon by the two parties, i.e. the social worker and service user. The purpose of goal setting is to assist a user's motivation for change through incentives and to keep a focus on the work, which facilitates the brief nature of the approach. To set goals using this approach, emphasis is given to the language for the questions used. Goals need to be achievable, specific, and well-defined. They also need to be generated using the service user's ideas and not those of the worker in order to be successful. This demands that workers have a belief in the service user's abilities and can accept their definition of what needs to change (SISWE 1.2. NOS 1:2.3).

Some examples of goal-setting questions that can be incorporated into a first meeting with a service user are taken from O'Connell and Palmer (2003).

How will you know whether coming here has been worthwhile for you?

What are your best hopes for this session?

How do you think coming here might help you?

How will you know when things are getting better?

What will be the first sign for you?

What is your main concern?

Where do you want to make a start?

If you were able to make some changes soon, which of these would be most helpful to you?

> **Case Study**
>
> During their first session, Carol and Anne Marie discussed in detail what she had hoped to achieve by coming to the service. She was able to explicitly share her wish to continue to care for Joyce but with some help in place so she could 'get her life back'. Carol's immediate preferred outcome was for social services to start some regular practical help. Anne Marie arranged for a home care assessment for Joyce after their first meeting. Carol articulated that she would recognise a reduction in her stress level as she started to rediscover

> her interest in life. To some extent this had already started as a result of her request for services. She had identified that some aspects of her life needed to change and had taken steps to bring this about by seeking help.

Social Work Application

Formulating a care plan and goal setting are closely linked, albeit that a care plan might include areas for change which are neither desired nor motivated by the service user. Goal setting from a solution-focused perspective includes those outcomes that a service user wishes to achieve in order to 'feel better', in whatever form this might mean for a service user in distress. If this is not possible due to conflicting objectives between the service user and the agency, then a solution-focused approach might not be the most applicable for the piece of work being undertaken.

Carol and Anne Marie had ascertained a general outcome that Carol wished to achieve: to receive practical assistance for Joyce and to improve the quality of Carol's life. Anne Marie then assisted Carol with articulating these in specific terms. Carol thought that, between the first and second meeting, she would be able to set aside an hour during the day when she would usually be preoccupied with household chores. She would use this time to attempt to re-establish contact with two friends, with whom meetings and phone calls had gradually declined over the last few years.

> ### Skills Component
>
> - Separate out solution-focused goal setting from a more comprehensive care plan.
> - Accept the service user's position on which goals are to be worked on.
> - Acknowledge the specific service user's strengths and abilities that will be required in order to achieve these goals.
> - Assist the service user in selecting goals that will be attainable, specifically defined, and measurable.
> - Prioritise specific goals with the service user.

Consolidating and Reviewing Progress

Following goal setting during the first solution-focused session, further meetings should aim to consolidate the progress made and, if necessary, these should also renegotiate goals that will lead towards a successful outcome.

What defines success and who requires this is worthwhile revisiting at this stage. Various techniques are employed with this approach to facilitate consolidating change. O'Connell (1998) uses the analogy of a service user being like a 'scientist' who is experimenting with their own life – testing out different experiences to accomplish the outcome they desire. This is only possible if the service user is motivated by the goal and if a temporarily secure working relationship has been formed: this is integral to achieving success and cannot be overstated. If agency goals emerge that are incompatible with the service user's goals, a change in the intervention method is recommended.

A temporary secure base (see the introduction of this book) offers a show of commitment to the process, reliability, and an unconditional positive regard. However, for a solution-focused approach this will not be enough to elicit change. It requires the worker to demonstrate an explicit commitment in order to help a service user achieve their desired outcome. The skill at this point is being able to accept failure as well as success, without which it is unlikely that a service user would feel open enough to discuss the whole experience and able to disengage from the service.

Therefore, from the temporary safety of the working relationship, a worker, at some early point in the second session, will enquire about the progress made on specific goals that were set previously. One of the principal purposes of such discussions is to elicit how the service user has managed to achieve what they have achieved. From a social constructivist perspective, these conversations help the service user to construct their own meanings in relation to their achievements, which is infinitely more powerful and more consolidating of success than the various meanings offered by workers. High-toned congratulations for small successes could easily be perceived as being patronising rather than congruent and would thus undermine the work (SISWE 2.2. NOS 2:4.4).

Scaling Questions

Service users struggling with experimenting with making changes, however small, require some recognition of the effort they have made made in relation to their goals, even if this has only been one of contemplation. Failures can be reframed by deconstructing the effort made and the progress achieved towards being wholly successful. 'Scaling questions' are most useful in this respect. Berg and Dolan (2001: 70) describe scaling as utilising and incorporating the service user's perceptions of improvements and setbacks 'into the process of therapeutic change'.

An example of a scaling question might be, 'If 0 is how things were at the start of our work and 10 is where things are just right, where are things

now?' Using this form of questioning, which can be adapted to suit any area of enquiry, moves the service user away from an 'all-or-nothing' response to change. Often it can be difficult for service users to notice small changes. This model facilitates an altered perception of degrees of success. Scaling questions can then be used to measure progress and to set further small goals, i.e. to move from 3 to 4 for Carol might be the difference between having an hour for herself during the day or not. The principle is that small, incremental changes can lead to the overall desired outcome.

Perceptions of failure can be scaled as a setback, perhaps moving back from 4 to 2, rather than a return to the beginning. This again removes the change-limiting 'all-or-nothing' view of success.

Carol returned to the second meeting with some optimism for change but was clearly still very weary. She had managed to phone one friend, Clare, and practical assistance had started for Joyce, which freed her physically from some of the tasks she had previously been undertaking. Carol remained racked with guilt, however, for assaulting Joyce some months earlier. Thoughts of 'being bad', coupled with the continued belief that she had some form of emotional weakness that had led her to this action, were inhibiting her progress towards her goal.

Anne Marie spent time with Carol assisting her with deconstructing these beliefs by exploring the social circumstances leading up to the event and all of the times when she had felt frustrated with caring for Joyce but had not been violent. During this session, Carol was able to reframe the event in the context of time and circumstance, rather than locating it as an internal deficit.

By recognising the efforts she had made between the sessions, Anne Marie encouraged Carol to explore how she had managed to make the time to phone her friend and how difficult this must have been, given there had been several years without contact. Carol recognised her achievement and set herself the goal of contacting her other previously close friend during the following week.

Anne Marie used a scaling question to both measure and consolidate the progress Carol had made, and to encourage her to continue to try. 'If zero was how you felt when we first met and 10 is how it would feel if everything was perfect, how do you feel now?' Carol gave '3' as her answer. Anne Marie responded, 'What would need to be happening for you to move to 4?' Carol replied that she would feel better if she thought she could go out and socialise once in a while. Anne Marie then asked, 'What would you need to do to make that happen?' Carol stated, 'I will call Clare and ask her if she would like to meet for a meal'.

Case Study

Social Work Application

In order to communicate effectively with people in social work, we must use techniques that are borrowed from various forms of counselling, often in an

eclectic form. Using scaling questions taken from solution-focused therapy can be an effective way of enabling a service user to communicate to us the level of their distress and the rate of progress they believe they are making. Using these questions facilitates a focus on both the nature of the work and specificity, i.e. moving away from broad generalisations about whether change is under way.

This approach does not directly account for the obstructive nature of social structures in putting a barrier between goal attainment. In using scaling questions, the onus for success lies with the service user to make changes. We do, however, need to keep sight of the socio–political factors that could stand in the way of even small successes, such as poverty limiting use of the telephone for communicating with friends, poor local transport impeding travel possibilities, etc.

Where the role of the social worker is to access resources to reduce the impact of poverty and social exclusion and to enable or empower service users, this might be part of a collaborative care plan. Solution-focused goals could be used alongside but also separate from scaling questions to incorporate any responsibilities on the part of the worker (SISWE 1.3. NOS 1:3.2; 2:6.1–5).

Skills Component

- Maintain a working relationship through reliability and a commitment to the success of the therapeutic encounter.
- Enquire about progress on goals, reframing 'failure' in terms of the efforts made towards achieving success.
- Assist the service user in constructing their own meaning of achievements.
- Use scaling questions to work towards goals in incremental and measurably definable steps.
- Setbacks can be viewed as part of the process rather than self-defeating, all-or-nothing catastrophes.
- Retain an awareness of the social barriers of poverty and deprivation.

Service User Feedback: 'I liked that 0–10 thing. It used to be, one mistake, anything, and game over, failed, I'm rubbish. I would disappear. With this, when things went wrong it was less of a big deal. I kept going'. *(Father struggling to maintain contact with his two looked after and accommodated children)*

Further Consolidating Progress and Endings

In brief and solution-focused approaches, endings are introduced at the beginning of the working relationship. The nature of the approach is to assist people with taking control of their own lives as much as possible. In this respect, the working alliance needs to make a specific and firm acknowledgement of the temporary nature of the relationship. One question that is often asked can help in defining endings: 'How will you know that you no longer require assistance from meeting with me?' This introduces the end of the work in an empowering manner without sounding like a rejection. The temporary nature of the relationship is established and the expectation for progress is set.

Regular use of scaling questions and seeking and affirming competence as the work progresses serves to empower the individual to take ownership for any achievements, rather than becoming dependent on the practitioner. An agreed end-point, negotiated at the beginning and reviewed as required, promotes the possibility of an ending where the service user will have an element of control (SISWE 2.2. NOS 2:6.4).

Anne Marie helped Carol to consolidate these goals by seeking evidence of competence with Carol and using scaling questions to quantify her progress. After three sessions, Carol thought she could continue to rebuild her social life without social work assistance and, with practical support, had significantly reduced the negative impact on her life of caring for her mother. Her relationship with Joyce had improved markedly. Carol had been able to take ownership of her success and had not attributed this to Anne Marie alone, enabling her to continue progressing without ongoing therapeutic sessions.

Case Study

Social Work Application

Effective endings are an important but often neglected aspect of social work practice. The solution-focused model of defining endings offers an approach that can be incorporated into most areas of social work practice, in that endings are agreed and acknowledged at the beginning of any work. There are always exceptions, but facilitating endings in this way reduces the possibility for service users to view endings as a form of rejection, which could then sabotage the achievements made during the intervention. Managing endings as a positive conclusion to the work can assist in consolidating any changes achieved by the service user (SISWE 2.2. NOS 2:5.5).

Skills Component

- Consolidate progress by helping service users to affirm their competence.
- Use scaling questions to quantify their progress.
- Pay attention to how endings are to be managed at the beginning of a working relationship.
- Allow the service user an element of control in managing endings wherever possible.

Summary of Key Concepts from a Solution-focused Perspective

- *Social constructivist* ideas underpin the solution-focused approach.
- *Goal-orientated outcomes* are explored rather than the underlying contributory factors to problems.
- *Solutions* are not necessarily the result of the resolution of problems, i.e. a problem does not need to be resolved for an acceptable outcome to be reached.
- *Solution-focused language* is used to create opportunities for change.
- Practitioners will use *goal setting* to assist service users with making staged progress towards outcomes.
- *Scaling questions* allow service users to track small increments of change that can help with their motivation.
- The *therapeutic relationship* can provide service users with a *temporary secure base* so that change can be tested out.
- Progress is *reviewed* and goals are adjusted accordingly.
- *Endings* are introduced at the beginning of the work and progress is measured with a view to ending the work.

Conclusion

The solution-focused approach offers some extremely useful techniques that can be incorporated into practice when working towards change. It allows the service user to identify and set the goals they are likely to be motivated to work towards. It also embraces the value of empowerment which is so central to social work practice, based on its social constructivist foundations. As the nature of the work using this approach requires a move away from problem-talk towards solution-talk, this often produces dilemmas for those whose theoretical and therapeutic preference is towards seeking causal explanations for problems. As this approach does not require our understanding problems in

order to attain solutions, it sits uncomfortably with many. When working with children and young people, it is a useful approach for promoting self-esteem while bringing hopefulness and empowerment into therapeutic practice.

From a social work perspective, when objectives for change are defined by the agency or the legal system, this approach would conflict with the role of a social worker. For situations in child protection work, criminal justice and youth justice, where the legal and social policy system has a part to play in defining the desired outcomes, the solution-focused approach is not well suited. However, for defined areas of work within an overall care plan, the techniques used in solution-focused therapy can be extremely effective in quantifying and making progress towards change.

Further Reading

Doing Something Different: Solution-Focused Brief Therapy Practices (Strever Nelson, 2010) is highly recommended, providing an extremely broad range of innovative and creative practice ideas for solution-focused and strengths-based practice, including working with children and young people as well as in 'other agency' settings.

Tales of Solutions: A Collection of Hope-Inspiring Stories (Berg & Dolan, 2001) is also highly recommended for capturing the energy of this model. Moving away from being a purely technical textbook, it powerfully brings to life solution-focused therapy.

Keys to Solutions in Brief Therapy (De Shazer, 1985) incorporates detailed guidance on how to use solution-focused techniques in a therapeutic setting. This requires some adaptation for its use in a social work role.

Handbook of Solution-focused Therapy (O'Connell & Palmer, 2003) includes chapters by practitioners in a wide variety of fields, including social work, in a broader examination of solution-focused therapy.

Solution-focused Therapy: Theory, Research and Practice (MacDonald, 2007) provides evidence along with techniques to support the efficacy of this model.