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Doing something different: Solution Focused approach to trauma

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Origins of SFBT

- ▶ developed by Steve de Shazer and Insoo Kim Berg from 1982 on, at the Brief Family Therapy Center, Milwaukee
- ▶ Precursors:
- ▶ Milton Erikson
- ▶ Brief Therapy Center at the Mental Research Institute, Palo Alto



Philosophical underpinnings

- ▶ Constructivism as opposed to objectivism
- ▶ reality is invented rather than discovered

- ▶ Wittgenstein - „the language game”
- ▶ „problem talk” vs „solution talk”

- ▶ Social constructionism
- ▶ reality is an outcome of social relationships



SFBT assumptions

- ▶ The „problem” is what client wishes to change, not the underlying meanings therapist assume/interpret
- ▶ The therapist has no goal other than that formulated by the client
- ▶ Attempts to understand the cause of the problem are not necessary or useful for reaching a solution
- ▶ Strengths based approach
- ▶ „Leave no footprints in client’s lives” (I.K. Berg)
- ▶ Ockham’s Razor: „what can be done with fewer means is done in vain with many”



SFBT principles

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

(De Shazer, 1989. De Shazer et al. 2007)



Active ingredients of SFBT

- ▶ developing a cooperative therapeutic alliance with the client
- ▶ creating a solution versus problem focus
- ▶ setting of measurable changeable goals
- ▶ focusing on the future through future-oriented questions and discussions
- ▶ scaling the ongoing attainment of the goals to get the client's evaluation of the progress made
- ▶ focusing the conversation on exceptions to the client's problems and encouraging them to do more of what they did to make the exceptions happen



Specific SFBT interventions

- ▶ Goal setting questions.
- ▶ „What are your best hopes from therapy / us talking together?” „What needs to happen for you to consider coming here as useful?”
- ▶ Future oriented question. The Miracle Question , trademark future focused question of SFBT
- ▶ “Suppose one night there is a miracle and while you are sleeping the problem (that brought you here) is solved: What will you notice different the next morning that will tell you that there has been a miracle? What would significant others notice”



Specific SFBT interventions - continued

- ▶ Exception questions
- ▶ “Can you think of any other time, either in the past or in recent weeks, you did not have the problem (with drinking)?” “What do you do so that you don’t have this problem then?” “What will have to happen for you to do it that way more often?”
- ▶ Difference questions
- ▶ „What will be different in your life/relationship/job ... If your best hopes are achieved” „When you managed to ... (exception), what difference did that make on ...?”



Specific SFBT interventions - continued

- ▶ Scaling questions.
- ▶ “In a scale of 0 to 10, with 10 = preferred future and 0 = worst it has been, where would you put yourself today?”
„What tells you are at ... and not ...?”
- ▶ „What would be different / what you'd notice when you are one point higher”; “When it is, say 8, what would you be doing that you are not doing now?”
- ▶ Confidence scale, motivation scale
- ▶ Focus on outcomes not the process



Specific SFBT interventions - continued

- ▶ Relationship questions
- ▶ „How might your husband know that the miracle occurred and your depression is gone?” „What would he notice that is different / you doing differently”; „How would he react?”
- ▶ Regarding scales: „What would your ... notice when you are one point higher”
- ▶ For mandated clients: „What your referrer wants to see different, in order to consider this useful”; „Where your referrer would put you on the scale?”



Specific SFBT interventions - continued

- ▶ Coping questions (discovering resources and strengths clients are not aware of)
- ▶ “How did you manage to get up this morning (make it to this appointment, get through yesterday, etc.)?”; “What do you do so that things are not worse?”
- ▶ “How did you managed to cope with such an awful situation? What helped you to endure?”
- ▶ „Problems” vs „life situations”
- ▶ Compliments and assignments
- ▶ First session formula task



SFBT Session structure

Four key tasks for a typical first session (Iveson, APT (2002), vol. 8, p. 150)

Task of therapist	Examples of opening questions
Find out what the person is hoping to achieve from the meeting or the work together	What are your best hopes of our work together? How will you know if this is useful?
Find out what the small, mundane and everyday details of the person's life would be like if these hopes were realized	If tonight while you were asleep a miracle happened and it resolved all the problems that bring you here what would you be noticing different tomorrow?
Find out what the person is already doing or has done in the past that might contribute to these hopes being realized	Tell me about the times the problem does not happen? When are the times that bits of the miracle already occur?
Find out what might be different if the person made one very small step towards realizing these hopes	What would you / your partner ... notice if you moved another 5% towards the life you would like to be leading?



Trauma response

- ▶ Trauma Response:
- ▶ Elements: a) re-experiencing traumatic event, b) avoidance and numbing, c) increased arousal
- ▶ Time dimension: Immediate response, later response, delayed response, “old trauma”, childhood trauma, complex trauma

- ▶ Adaptive aspects of the trauma response:
- ▶ Survival value: prevention of overreaction, alerting response, allows ongoing functioning, realistic view of danger



Principles of trauma recovery

- ▶ Why do something different?
- ▶ survival response no longer useful, emergency mode no longer working, shift in assumptions about how the world works
- ▶ Objectives:
 - ▶ present as vivid as the past,
 - ▶ imagine positive future,
 - ▶ orient towards the present,
 - ▶ identify with other experiences,
 - ▶ assess relationships with past, present and future in mind



SFBT approach to trauma treatment

TRAUMA CAUSES	SFBT LANGUAGE CHANGES THE PATTERN
Threat perception is enhanced: Heightened fear	Threat perception is shifted by empowering and re-briefing strengths
Filtering system to disengage: Everything is bad	Filtering system is reset by language of hope
Self sensing system becomes blunt: I am out of control	Self sensing system changed by focusing on strengths and possibility of a different future
Bessel van der Kolk	

Cziffra-Bergs, J (2017): SF strength rebriefing not trauma debriefing, presentation at the SF World Conference



SFBT Process and trauma

Best Hopes

- ▶ Goal setting

Resources

- ▶ Exceptions
- ▶ Resilience and strength re-briefing
- ▶ Positive coping

Preferred Future

- ▶ Miracle question / suppose and different
- ▶ Scaling

Summary and Positive Message

- ▶ Compliments, impressed us
- ▶ Summary
- ▶ Task



Specific interventions: second and subsequent sessions

- ▶ positive changes between sessions
- ▶ progress scaling
- ▶ ask for differences if no progress
- ▶ what learned from setbacks
- ▶ gently check homework
- ▶ connect changes/improvements to client goals



Trauma Treatment tools

- ▶ Imaginal exposure
- ▶ In vivo exposure
- ▶ Focus on survival moment vs. catastrophic moment (Solomon)
- ▶ Defining new goals for self (Dolan)
- ▶ History of resistance to mistreatment (Wade)
- ▶ Rebuilding assumptions about how the world works (Janoff-Bulman)
- ▶ Self-calming/soothing techniques (Autogenic, Open Focus, abdominal breathing)
- ▶ Write, read, burn
- ▶ Exercise
- ▶ Debriefing (sharing with other affected parties)
- ▶ Support from others (family, authorities, support people)
- ▶ Dreamwork: re-scripting nightmares, message in dream, doing something different



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