Solution Focused Brief Therapy – Couple’s Case Study Application
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Abstract

Couples who enter into marriage counseling are often attending as a last resort to “save” their relationship, therefore time is of the essence in helping to facilitate a path of healing. Solution Focused Brief Therapy (SFBT) is a very effective approach to help these couples get to the root of their presenting problems and quickly address them. SFBT implements techniques for positive change by focusing on the clients’ inherent strengths. In this paper we provide a description of the SFBT Model and apply it to a couple’s case study. We also explore interventions as well as ethical considerations when working with this couple.
Couples can experience a variety of problems throughout their relationships. Misunderstandings and problems in communication are quite common resulting in arguments and general disagreements. When couples reach a point of impasse some opt for couples therapy to help them strengthen their communication skills in an effort to salvage their relationship. Solution Focused Brief Therapy (SFBT) provides couples with the opportunity to focus on their presenting issue and immediately begin working on a process to better their situation. “Solution-focused therapy is about constructing solutions, not solving problems” (Miller & de Shazer, 2000). Couples will be assisted in recognizing their own strengths, while devising interventions that are helpful and specific to their unique situation. SFBT allows clients and therapists to engage in a collaborative approach towards resolving their presenting issues. Aspects that make this approach beneficial in couples counseling are the therapeutic and philosophical perspective, the role of the counselor, the theory of change and the interesting intervention techniques that can be applied.

**Philosophical Assumptions**

It is important to first understand the perspective of the SFBT approach from its philosophical assumptions. “SFBT is grounded on the optimistic assumption that people are healthy and competent and have the ability to construct solutions that can enhance their lives” (Corey, 2013, p.400). When clients enter into counseling they have preconceived notions of their roles and reasons as to why they are unable to make changes in their lives. These types of preconceptions are what cause clients to become
“stuck” and feel powerless in their situations. SFBT is a strengths based model focused on the clients inherent assets.

According to SFBT, when challenges arise in the clients’ lives they are accredited to a misdirection or loss of awareness in one’s own personal competencies. As a result, clients are left feeling powerless with the belief that their past negative experiences are surely to affect their futures. These clients need assistance in “finding their way” back to believing in their self-competence and promoting positive and optimistic outlooks on their abilities. “SFBT emphasizes strengths and resiliencies in people by focusing on the exceptions to their problems and their conceptualized solutions” (Corey, 2013, p.400).

Once they gain the confidence to believe in their own strengths they can begin to make changes in their lives regarding what they do, who they associate with, how they interact with their families or loved ones, how they communicate with others and express themselves, and also attain stronger connections with their support systems and surroundings. This focus on positivity empowers clients to concentrate on resolving their presenting issues more effectively and eventually live their lives in a more holistic, optimistic and appreciative manner. Competent and collaborative therapists help to guide clients on this journey of strength, self-exploration and discovery.

**Role of the Therapist**

In the SFBT approach, the counselor allows the client to become the “expert” and adopts a “not knowing” stance. The counselor does not assume that they know the answers or that they are there to educate the client. Instead, it is a collaborative approach where the client is invited to devise their own solutions based on their current situation.
According to Corey (2013), “The therapist’s task is to point clients in the direction of change without dictating what to change” (p.404). The therapist accomplishes this by establishing a positive relationship in a respectful, open and honest atmosphere.

This type of atmosphere encourages the clients to feel free to explore their feelings and ideas free of judgment with a collaborative partner. There is little to no emphasis placed on the clients past experiences and the primary focus is on the here and now. The therapist is viewed more as a guide who helps the client determine their goals and once these have been identified the theory of change can occur.

**Theory of Change and Health Pathology**

Language is an integral component in the theory of change for the SFBT approach and is used as a tool to help adjust the client’s negative perceptions. The target of intervention in this approach is the client’s perception of their presenting issue. Clients have a tendency to focus on “problem talk” and the negative aspects regarding why they are not doing well in their lives. This perception does not allow clients to consider the possible options that they may have available to them.

SFBT shifts the focus to be more goal oriented, filled with positivity and hopeful perspectives. Chromy (2007) stated, “The process of reflecting complaints as goals or desired outcomes can lessen this effect. Clients are often less combative when discussing what they want.” Counselors focus in on the presenting issues and become completely devoted on trying to lessen the effect that they have on their clients lives. More importantly they allow the clients to recognize that they themselves possess the skills and creativity to change their situation.
When clients enter into counseling they have preconceived notions of their roles and reasons as to why they are unable to make changes in their lives. This type of pathology is what causes clients to become “stuck” and feel powerless in their situations. When challenges arise in the clients’ lives it can be accredited as a “misdirection” or loss of awareness in one’s own personal competencies. As a result, clients are left feeling powerless, with the belief that their past negative experiences are surely to affect their futures. These clients need assistance in “finding their way” back to believing in their self-competence and promoting positive and optimistic outlooks on their abilities. This focus on positivity empowers clients to concentrate on resolving their presenting issues more effectively.

Since the target of intervention is the perception of the presenting issue it is important to note that the actual presenting issue is a different and separate entity. SFBT not only calls for the change of the perspective but also a change in the behavior of the client. If a client does not change the approach of how they deal with their presenting issues and the behaviors associated with them, the changing of perspective is relatively a moot point. Both the change of the mind and the behavior must work hand in hand in order to provide an effective therapeutic success. Counselors help guide their clients to this type of change through the use of a variety of interventions.

**Interventions**

Interventions in the SFBT approach are mostly centered around changing perspective and language to become progressive narratives. Counselors engage clients in conversations that help them in better understanding their presenting issues. Corey (2013)
wrote, “On the basis of these conversations, the power of the problem is taken apart (deconstructed) and new directions and solutions are manifest and made possible” (p.424). Clients are also encouraged to do more of what is working for them in order to reduce the tension of their situation.

This approach is completely focused on their strengths and puts them in a better position to celebrate their successes. When it comes to language, clients are heartened to address their issues with more positive words, focusing on their strengths instead of their downfalls. “Therapists prefer ‘progressive narratives’ because it allows them more range to help their clients elaborate and expand on the positive changes that they can make” (Becvar & Becvar, 2013, p.266). All of this positive feedback results in higher confidence and an understanding in which the clients are in control of their own actions, perceived roles and lives.

SFBT therapists use a variety of questions and differing interventions in order to facilitate this change in their client’s perspective. The most common question used in the SFBT approach is the “Miracle Question”, also known as a solution generating question. “The therapist asks, “If a miracle happened and the problem with which you have come to see me about was resolved overnight, how would you know it was solved? What would you be feeling? What would you notice to be different and what would you be doing differently?” “Clients are then encouraged to enact “what would be different” in spite of perceived problems” (Corey, 2013, p.406). The Miracle question allows clients to begin establishing the goals of where they ultimately want to be and provides a good jumping off point of tangible enactments in which they can immediately participate.
Another type of question that SFBT therapists ask are Scaling questions. “Therapists can use scaling questions to a) assess strengths and solutions, b) set goals, c) design homework tasks, d) measure progress and e) manage crises with safety plans” (Gehart, 2014, p342). The client is asked to measure a feeling or mood on a numbered scale. The therapist listens specifically for the behavioral changes described that occur during the clients description of life at 10. These descriptions are used in order to paint a “picture” of the life the client desires. This picture provides a clearer goal for attempting actions that could help to assist in adjusting their number to the desired level.

Exception questions are used in order to direct the client to think about times in which their problem was perhaps not so prominent in their lives. The purpose of this is to focus on the things that they were doing at the time which caused this success and attempt to continue these types of behaviors. When a client does not report progress or expresses feelings of hopelessness during therapy, counselors can also use coping questions to assist them. “Coping questions direct clients to identify how they have been coping with a current or past difficult situation” (Gehart, 2014, p.346). A counselor can also pay special attention to whenever the client presents a strength, interest or habit and use utilization to help them develop solution oriented plans.

One final intervention that SFBT counselors use is the Formula First Session Task (FFST). When a client has a presenting issue that can be addressed through an exercise, the therapist can suggests an activity that may be completed between sessions. The activity or “homework assignment” is focused around strengthening the client’s perspective and perhaps even encourage adopting a positive association with how they will address their issues in the future. “Because of it’s emphasis on future solutions, this
intervention is used to help increase the clients hopefulness and optimism” (Corey, 2013, p.407).

Indeed all of the interventions are extremely beneficial in assisting clients to reconsider their perceptions on their presenting issues while developing a more positive outlook on the control they have in their lives. When successful, SFBT clients feel more empowered and optimistic about their lives and futures.

**Ethical Considerations**

As multiple clients there will need to be a discussion regarding confidentiality limitations. According to the American Counseling Association, “At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached” (ACA, B.1.d., 2005). A counselor meeting with couples must be up front with their expectations on how they will be handling confidentiality between the two of them in future sessions, should they also meet for individual sessions. For example, if met with individually, a partner may admit to suicidal thoughts or possibility of an indiscretion resulting in an STD. Both of these instances would require the counselor to disclose information to the proper parties. Couples will need to be fully aware of these disclosure limitations at the onset of therapy through verbal and written communications.

Another ethical dilemma the counselor may encounter is respecting the clients decision making. “Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding
relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation” (American Association for Marriage and Family Therapy, 1.8, 2012). Counselors must be willing to accept that the clients are the experts in their lives and respect the decisions that they make regarding their relationship.

**Case Study**

Becky and Jesse enter into couples counseling presenting with issues regarding differing parenting styles. Becky (early 30s), a morning show television host, gave birth to her twin boys 2 years ago and prefers a more regimented and structured schedule for the boys to adhere to. She believes that it is this structure that will be important for them to be comfortable and properly cared for. Becky is concerned that her husband is not “attuned” to what the boys are doing and creates an unsafe environment for them. Her husband Jesse (mid 30s) doesn’t believe that everything needs to be so planned out. He wants the boys to be able to explore and have fun. He chooses a much more laid back approach to his parenting style.

**SFBT for Couples**

Solution Focused Brief Therapy (SFBT) provides couples with the opportunity to focus on their presenting issue and immediately begin working on a process to better their situation. “Solution-focused therapy is about constructing solutions, not solving problems” (Miller & de Shazer, 2000). Couples, like Becky and Jesse, will be assisted in recognizing their own strengths, while devising interventions that are helpful and specific to their unique situation. SFBT allows clients and therapists to engage in a collaborative approach towards resolving their presenting issues. Aspects that make this approach beneficial in couples counseling are the therapeutic and philosophical perspective, the
role of the counselor, the theory of change and the interesting intervention techniques that can be applied.

Sociocultural Influences and Considerations

Becky is a Caucasian female who comes from a country family from Nebraska. She has had to work very hard as a reporter and her bubbly, yet tenacious, on air personality finally got her noticed to land a job she loves as a television host. Jesse comes from a traditional Greek family and is a typical “rebel”. He rides a motorcycle, plays in a band and has a carefree attitude. He worked in a variety of jobs from mechanics to marketing. The birth of his sons was life changing and resulted in him committing to a more stable profession. He decided to invest in a restaurant/bar where his band could play as well as provide steady income. Both live in a typical middle class neighborhood and share a home with Jesses’ brother in law and his family. This provides them with a readily available support system to help them with their boys.

An exploration of their cultural backgrounds and perspectives on gender roles and families will need to be further investigated in order to gain a better understanding of what each of them consider to be their parental responsibilities. For example, Becky and Jesse both come from more traditional families where their mothers were homemakers, however, Becky is a working professional. This might bring in a sense of resentment or create a cultural clash. It will be important for the counselor to explore Becky and Jesses’ perspectives on these issues in order to maintain a professional understanding of where some of their parenting conflicts may emanate from.

Couple’s Theory of Change and Health and Pathology Perspective
Becky and Jesse’s relationship is currently strained by the enormous amount of responsibilities they each carry. Both are full time working parents with two very young children. The transition for everyone is still occurring and it has created some anxiety, especially in Becky. Harway (2005) wrote, “Constant activity masks serious relationship issues that are never recognized or attended to, simply because no one has the time to notice” (p.49). Between work and caring for the children, Becky and Jesse have essentially gone on “autopilot” leaving little time for one another to connect. They both talk about work, daycare, pick up and drop off schedules but when asked about what happens after the boys are asleep they are at a loss and describe exhaustion and going to bed to start the day over the next day.

“Couple problems are viewed interactionally. Often when clients describe their concerns, and what they would like to see differently in their lives, they include reference to significant others” (Chromy, 2007, p.72). Becky believes if she can just get Jesse to do as she says and follow her schedule everything could be better. In turn, Jesse believes that Becky just needs to loosen up and trust that he just has a different way of getting the boys needs met.

The counselor could also further explore the personalities of the couple and how their once complimentary attitudes are now in conflict. Becky may have initially been attracted to Jesse for his spontaneity and he to her ability to remain stable. It is these exact personality traits that have now put them at odds with their parenting styles. Exploring this possibility may be used to help the couple reconnect to their initial attractions and understand one another better. The theory of change will be centered on
establishing an acknowledgment of previous successes that Becky and Jesse have had regarding their relationship and parenting styles.

**Potential Ethical Issues**

As multiple clients there will need to be a discussion regarding confidentiality limitations. According to the American Counseling Association, “At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached” (ACA, B.1.d., 2005). The counselor meeting with Becky and Jesse must be up front with their expectations on how they will be handling confidentiality between the two of them in future sessions, should they also meet for individual sessions.

**Case Study Interventions**

Two interventions that were used during the role play were Exception and scaling questions. Exception questions are used “To direct clients to times when the problem did not exist, or when the problem was not as intense” (Corey, 2013, p.407). This allows Becky and Jesse to consider times when they actually agree on their parenting decisions. A conversation that may take place with the use of an exception question may go as follows:

Therapist: Can you tell me about a time or example when both of you are on the same page when it comes to your parenting styles?

Becky: (pause) I guess bathtime.

T: Bathtime?
B: Yeah. Jesse and I usually work together to get both the boys in the bath and to bed. I take off their Pajamas while Jesse gets the bath ready. Then he bathes them.

Jesse: Then Becky gets their pajamas on. I brush their teeth. They each pick a story and we take turns reading each one before tucking them in.

T: Wow. It sounds like you both have a system that is working for you.

B: Yes, I can definitely say that we have that down pact.

T: Jesse can you think of another example?

J: We have our morning routine to get out the door pretty solid as well.

By exploring this commonality it can be used as a spring board for acknowledging what is working for them verses what is broken. The hope is that this could result in a possible reconnection.

“Solution Focused therapists also use scaling questions when change in human experiences are not easily observed, such as feelings, moods or communication, and to assist clients in noticing that they are not completely defeated by their problem” (Corey, 2013, p.407). The therapist could ask Becky and Jesse where they land on a scale with 1 being where they are coming into counseling and 10 being that they completely agree on all aspects of their parenting styles. The scaling questions allow Becky and Jesse to begin breaking down their presenting issues and imagine tasks that can help them to figuratively “move up” on the scale.

Case Study Goals and Therapist Role

The therapist working with Becky and Jesse would be a neutral party who helps them explore their previous relationship successes and collaborate on ideas on how to
best move forward in order to achieve their goals. Becky has expressed concern with Jesse not being “attuned” to the boys when he cares for them and feels that they are on opposite sides of the spectrum when it comes to how to care for the kids. Becky is concerned that they are not eating or napping at the appropriate times during the day under Jesse’s care. One goal they could have is to provide a more structured system in place regarding the children's time during the day. To follow up on the previous examples, the therapist can then ask them *How* they managed to create such successful routines for the mornings and evenings.

T: So Jesse tell me about how you managed to get on the “Same page” for the bedtime routine?

J: I dunno. I guess we just know what needs to be done. It’s just a habit now.

T: Can you think of how it started?

J: Well when the boys were younger bedtime was a nightmare. We were all over the place and Becky was trying to do it all herself and getting stressed out so I asked how I could help. Becky would just start telling me what she needed, like, “prepped” for the next stage. So when she was getting them undressed she asked me to run the bath. When she was giving them a bath she would ask me to lay out their PJs and then bring her the towels next. After a while I just knew what the next step was so when one was doing one step the next person would get going on the next step and just kept jumping ahead of whoever was with the boys.
B: Yeah I think the same thing for morning, whoever doesn’t have the boys is busy working on setting up the next phase of getting out the door.

T: Becky, it sounds like initially there was a lot of communication to get Jesse on the same page with you. Is this kind of “system” you both created something that you would like to see happen during the middle part of the day?

Becky and Jesse created this “system” and the therapist can encourage them to consider applying some of those organizational skills towards their presenting issue, as it has proven successful in the past.

Jesse has expressed discontent regarding having the time with the boys being too regimented. One goal for him could be to have an opportunity to be spontaneous with the boys. The SFBT approach allows the therapist to create an atmosphere of mutual support and allow Becky to see the importance of unstructured time for Jesse as well.

B: What bothers me most is when they eat or nap late because it throws off the nice routine we have set at the end of the day.

T: Jesse, what do you think about Becky’s concern?

J: Yeah, I mean I see what she’s saying. When I forget to put them down for their nap they are over tired for bed time and it is not fun. I just don’t want it to be so strict on EVERYTHING. I mean when they eat, when they sleep and when they play. Or even what or where they play! Mondays we go to the park, Tuesdays we go to the zoo, Wednesdays we go to the library and so on and so forth. It’s just the same thing every day.

T: Becky, how important is it to you that the boys playtime be scheduled?
B: Well their playtime is important. I want them to have fun. I just figure it’s easier to vary the activities by assigning something different every day.

J: I like the suggestions but sometimes I just don’t want to feel like I HAVE to go there that day.

B: Well it doesn’t really matter where you take them as long as they take their nap on time.

T: So Becky am I hearing your right, you are saying that you might be willing to let Jesse be responsible for the playtime activities of the day as long as he gets the boys to nap at the appropriate time?

B: Yeah, I guess. I mean I thought scheduling it out was helping him but maybe that can just be his “thing”.

T: Jesse, what are your thoughts about that arrangement?

J: That would be great. I definitely know that getting the boys to nap at the right time is important but if I could be more spontaneous with playtime we could go to special events and stuff without feeling like I am gonna make Becky mad.

T: Ok so if were to revisit that scale we discussed earlier on where you see eye to eye on parenting where do you think you might land now?

“Solution-focused therapists contend that you cannot change your past, but you can change your goals. Better goals can get you out of your stuck places and can lead you into a more fulfilling future” (Harway, 2005, p.199). By helping the couple to explore a
possible compromise the therapist is able to tie it back to the proposed scale and gauge the progress towards this couple's goals.

**Termination**

Having the scale to refer to throughout therapy will provide Becky and Jesse with a gauge on their progress. Once they feel that they are more attuned with one another and complimentary on their parenting styles, coping questions will be used in order to begin the process of setting up a plan for future problems or setbacks (Gehart, 2014). The therapist will compliment the couple on the steps they have taken towards strengthening their relationship and welcome them to return at any time should they feel a need.
References


