Letter of Intent

Solution-Focused Therapy and Trauma: A Brief Group Program

CAAP Final Project Requirement

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Shannon Confortin

Supervisor: Dr. Philip Perry
This letter of intent proposes a brief literature review and the development of a program that utilizes Solution-Focused Brief Therapy (SFBT) with people who have experienced acute trauma. Many counselling programs for people who have experienced trauma, focus on getting to the root of the person's problem, in contrast, SFBT focuses on the positive, searches for solutions and constructively seeks alternatives to dissolve the problem.

Problem Statement

A traumatic event can happen to anyone at any time, with no warning. These events can include but are not limited to: illness, accidents, financial problems, divorce, or relationship difficulties (Dolan, 2000). Trauma occurs when an experience overwhelms a person's normal coping skills (Behrman & Reid, 2002). Acute trauma develops within a couple of days of the traumatic event and the person responds to the event with strong feelings including fear, anger, helplessness or horror. If these symptoms persist for more than a month, then a diagnosis of post-traumatic stress disorder is assigned. (Cushman, 2005). The goals of this project are to develop a program that will utilize solution-focused techniques to move beyond victimization and survivorhood in order to effectively relieve acute stress disorder symptoms by focusing on stabilizing, kindling hope and preventing relapse. Focusing on trauma in the acute stage is intended to diminish the likelihood of a diagnosis of posttraumatic stress disorder.

Project Rationale

The SFBT approach aims to assist people to engage their own unique resources and competencies in solving and dissolving their problems. This theory is radically
different than most theories because it does not assume that the counsellor needs to know the cause of a problem in order to solve it (de Shazer, 1988). This approach is appealing because it focuses on the person’s strengths and looks for exceptions to their problem. It views people as competent and capable of solving their own problems. Although, SFBT does not focus on the client’s problem, SFBT indirectly addresses problems by promoting the ability of the client to create solutions to dissolve their own problems. Therefore, SFBT does not view people as pathological rather that they have a latent competency problem. This constructive approach is attractive to clients, counsellors and various counselling settings because: it increases self-confidence, promotes self-respect as well as being cost effective (de Shazer).

In short, the rationale for developing a program that focuses on people who have experienced trauma is threefold:

- To provide a program that is easy and cost effective to implement
- To decrease the effects of trauma and increase emotional and mental mastery
- To increase participants’ decision making, problem solving and dissolving skills

Supporting Literature

A review of current literature was conducted to determine the effectiveness of using SFBT. Since SFBT is relatively new in the past twenty years, considerably more research regarding the effectiveness of this approach to counselling is needed. However, the research to date regarding the feasibility of this approach is favourable. A variety of outcome studies indicate that solution-focused therapy is effective and it helps elicit constructive outcomes for most clients (McKeel, 1999). A study by De Jong and Berg (1998) discovered that solution-focused therapy had a success rate of 70% for a
broad range of clinical problems, including depression, suicidal tendencies, sleep problems, eating disorders, parent-child conflict, marital/relationship problems, sexual abuse, family violence and self-esteem problems (as cited in McKeel, 1999).

Unfortunately, there is a lack of published literature regarding the effectiveness of SFBT, with people who have experienced trauma. A study conducted, at the Brief Family Therapy Centre, by Kiser and Nunnally (1990) discovered an 80% success rate with solution-focused therapy when following up with clients six-months after therapy (as cited in McKeel, 1999).

Shields, Sprenkle, and Constantine (1991) demonstrated that the more a client uses solution-talk in his/her first session the more likely the client will continue on with therapy (as cited in McKeel, 1999). They concluded that the more the client and therapist discuss solutions and goals in the first session; the likelihood of the client completing therapy is increased.

Shilts, Rambo, and Hernandez (1997) concluded that the miracle question assisted clients to focus on their goals for treatments and assisted them to focus on doing something different, in order to achieve their goals. The miracle question sequence is probably the most well known aspect of this theory. In this line of questioning the therapist asks the clients the following questions: (1) If a miracle occurred tonight and when you awakened tomorrow the problem was solved, what would be the first noticeable indication that things are different? (2) What will have to be different for that to begin happening? (3) When does that already happen, even if only a little? (4) What will be an indication to you and others that the problem is really solved (de Shazer, 1988)? This enables the clients to be more optimistic about their situation.
Furthermore, a study conducted by de Shazer (1985) found that 89% of clients reported that once they completed their first homework assignment they felt that something constructive and worthwhile had occurred and 57% reported that their situation was better (McKeel, 1999). Consequently, these outcomes studies and numerous others have demonstrated that solution-focused therapy is effective and provides constructive outcomes for most of the clients.

Assumptions of SFBT

George, Iveson and Ratner (2000) summarize some assumptions that are helpful for solution-focused therapists, explaining that: (1) it is not necessary to understand the cause of the problem in order to solve it, (2) successful therapy involves knowing the client’s goal, (3) no matter how rigid the problem pattern seems to be, there are always times when the client is already doing some solution building, (4) problems do not indicate underlying pathology or deficits, (5) sometimes only small change is needed to set a solution in motion, and (6) it is the task of the therapist to discover ways for clients to benefit from therapy (Lethem, 2002). These assumptions make SFBT attractive to many professionals who work in varied settings.

The Appropriateness of SFBT in Various Settings

SFBT is implemented in a variety of settings and populations. Prisons, courts, hospitals, pain clinics, social service programs, residential treatment homes, daycare shelters, alternative schools, and schools are just a few of the settings that have adopted the solution-focused brief therapy model (Berg & Steiner, 2003). There are several reasons why this approach to counselling is attractive to these various agencies and organizations. Firstly, the SFBT model is a fairly quick, efficient and effective
approach to therapy that is highly desirable when financial constraints and time constraints are involved. Secondly, SFBT is a constructive, client driven approach that focuses on exceptions to the problem, leads to solution building and takes the focus away from what is wrong with the individual to focus on the individual’s strengths. Therefore SFBT can be successful in a variety of agencies for both individual and group counselling. Consequently this paper proposes the use of SFBT group therapy for people who have experienced acute trauma.

SFBT has a very clear structure on how to work with clients and it is easy to understand and implement. SFBT has been unjustly criticized, as being only suitable for clients who are able to identify their problems and not for clients with vague, chronic or severe mental problems. On the contrary, most solution-focused therapists believe that no category of problem or type of client should be considered unsuitable for this approach (O’Connell, 2002).

Catalyst for Change

Methods of how to achieve change are the backbone of SFBT. The purpose of the initial session is to talk about change and to provide homework tasks that will assist clients construct their experience differently (de Shazer, 1988). This will, in turn, increase the clients’ change talk. Discussion in the initial session focuses on a rigorous search for exceptions to the clients’ problems and how the clients will know when the problem is solved. Consequently, the clients are focusing on change immediately. The therapist and client collaborate on setting specific goals, in order to enable the client to actively engage in changing the troublesome behaviour. If the client perceives the goals as attainable yet difficult, they are more likely to meet these goals than if the goals are
perceived vague or easy to meet (de Shazer, 1988). These discussions that focus on change and goal setting involves the therapist’s use of carefully framed questions.

Solution-focused brief therapy is able to meet the requirements of the evaluative element of a good theory. Because SFBT focuses on immediate present day problems and is considered brief in nature, it is easier to evaluate its effectiveness. Studies have been conducted that validate the successfulness of SFBT; however, more research is needed to validate SFBT’s success with clients who have experienced trauma.

Method

The qualitative method will be chosen for this study as it allows for an in-depth description of this program. Patton (1990) suggested five types of research questions that are appropriate for qualitative methods and program design. These questions should:

1. Focus on the process, implementation, or development of a program or its participants.
2. Emphasize individualized outcomes
3. Provide detailed, in-depth information regarding the program or clients
4. Focus on diversity among, idiosyncrasies of and unique qualities of the participants
5. Seek to understand how the participants’ actions will lead to desired outcomes (Mertens, 1998).

This proposed group therapy will address all of the above questions. By incorporating SFBT into a program that is designed for people who have experienced traumatic events allows the participants to be more immediately aware of their actions and
actively equips them with tools necessary to control their outcomes. This program will assist the individual in self-evaluation that will lead to their desired goals.

Program Development

A review of SFBT, group therapy and acute trauma literature was conducted on Psychology research databases such as PsycInfo and Journals@OVID and MEDLINE on the Biological Sciences research database. Unfortunately there were limited articles on SFBT and group therapy and SFBT and trauma. Consequently, a search of Chapters website revealed two books that focused on SFBT and trauma, Thriving Through Crisis (O’Hanlon, 2004) and One Small Step: Moving Beyond Trauma and Therapy (Dolan, 2000). Some of the ideas and activities from these books were adapted and incorporated into the proposed program. The book Solution Focused Group Therapy: Ideas for Groups in Private Practice, Schools, Agencies, and Treatment Programs (Metcalf, 1998) provided information for the structure of the group. The following Campus Alberta Graduate Program courses provided further background information for the development of the program: Group Process, Health Psychology, and Solution Focused Therapy.

Program Design

The proposed program will consist of three, one and a half hour sessions and will include homework tasks that are to be completed outside of the counselling session. SFBT is a brief method of therapy that can vary in length from one session to multiple sessions. Three sessions was chosen for this project because it is believed participants will be able to define their goals, set an action plan and be able to carry on the changes that they have begun to make.
Each session will start with an icebreaker activity and provide step-by-step instructions for the therapists and clients. Scaling questions will enable participants to monitor their self-perceived change throughout the counselling process. In the first session, the participants will gain an understanding of the stages of recovery from trauma and identify their current stage. The participants will learn and practice a grounding technique to decrease any possible effects of retraumatization. The participants will begin to focus on solutions and start searching for exceptions to their problem.

In the second session, the participants will clarify their strengths and continue to monitor where they are in the stages of recovery and to celebrate their progress. The miracle question is introduced and the participants begin to envision what life would be like if their particular problem no longer had control over their life. Between the second and third session, the participants’ homework is to pretend that their miracle has happened and they begin to live life differently.

In the third and final session, the participants review their outcome of their homework experience and develop a further plan of action in order to make their miracle more concrete. Information regarding community resources for future assistance will be provided and participants will complete a group evaluation.

Risks

When working with people who have experienced trauma, there are risks. The main concern is retraumatization. The proposed program teaches grounding techniques in order to help minimize this risk. The program also suggests pre-screening procedures to eliminate clients who are not ready to engage in group counselling due to an
increased likelihood of retraumatization. For the purpose of this final project, the program will be designed but not implemented due to the ethical concerns of working with vulnerable groups.

Potential Implications of the Project

People who have experienced trauma, their families, counsellors, and various counselling settings will benefit from the exploration of the use of SFBT as a counselling option. The participants will benefit from learning self-mastery strategies and they will discover that they have the ability to take control and make constructive changes in their lives. Since SFBT is relatively short in duration, it provides a cost effective solution for dealing with problems. Cost effectiveness is important as more and more schools and counselling agencies are expected to operate on constricted budgets. Consequently this project could prove to be financially beneficial in various counselling settings.
References


