

Solution - Focused Brief Therapy and Narrative Therapy

Dr. Carissa Muth
Clinical Director
Sunshine Coast Health Centre



ROUTLEDGE MENTAL HEALTH CLASSIC EDITIONS

MORE THAN MIRACLES THE STATE OF THE ART OF SOLUTION-FOCUSED BRIEF THERAPY

STEVE DE SHAZER, YVONNE DOLAN WITH
HARRY KORMAN, TERRY TREPPER,
ERIC MCCOLLUM AND INSOO KIM BERG



SFBT

- Developed by Steve de Shazer and Insoo Kim Berg
- Not created based on theory but on observation
 - Meticulously noting words and behaviors of therapist and their result on helping clients progress toward goals
- Over 150 RCT and 8 meta- analysis (as of 2021)
- Evidenced for externalizing behavioral problems (conduct disorder and conflict management) and internalizing behavioral problems (depression, anxiety, and self-esteem)



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Mechanism of Change

- More positive content compared to CBT
- Use of specific language provided by client to co-construct goals and solutions
- Interventions focus on strengths and resources of the client
- Observations not interpretations (Don't steal client's voice)
- Future- focused and Goal-Directed



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Major Tenets

1. If it isn't broken, don't fix it
2. If it works, do more of it
3. If it's not working, do something different
4. Small steps can lead to big changes



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Major Tenets

5. The solution is not necessarily directly related to the problem
6. The language for solution development is different from that needed to describe a problem
7. No problems happen all the time; there are always exceptions that can be utilized
8. The future is both created and negotiable



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Main Interventions

1. A positive, collegial, solution-focused stance
2. Looking for previous solutions
3. Looking for exceptions
4. Questions vs. directives or interpretations

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Main Interventions

5. Present- and future-focused questions vs. Past-oriented focus
6. Compliments
7. Gentle nudging to do more of what is working

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Specific Interventions

1. Pre-session change
2. Solution-focused goals
3. Miracle question
4. Scaling questions
5. Constructing solutions and exceptions



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Specific Interventions

6. Coping questions
7. Is there anything I forgot to ask?
8. Taking a break and reconvening
9. Experiments and homework assignments
10. So, what is better, even a little bit, since the last time we met?



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Miracle Question

Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? How will your spouse know without your saying a word to them about it?



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Miracle Question

Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you a miracle has happened and the problem which brought you here is solved?



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Miracle Question

1. Self-restraint by the therapist
2. Collaborative search in the client's real, everyday world to discover the signs that indicate a miracle has happened
3. Give pauses, make sure client is following the question
4. Allow space for client to think
5. Part of creating a progressive story

Miracle Scales

- Don't make 0 the "worst ever"
- Explores the client's ideas about the desired tomorrow
- "so if 10 means the day after the miracle"
- What's the difference between a 0 and a 3?
- What else?
- What is one step higher?

Miracle Scales

- The client answers with a 10
- Externalize observation
- Client answers with “0”
- Maintaining changes and continuing up the scale
- “Good enough”



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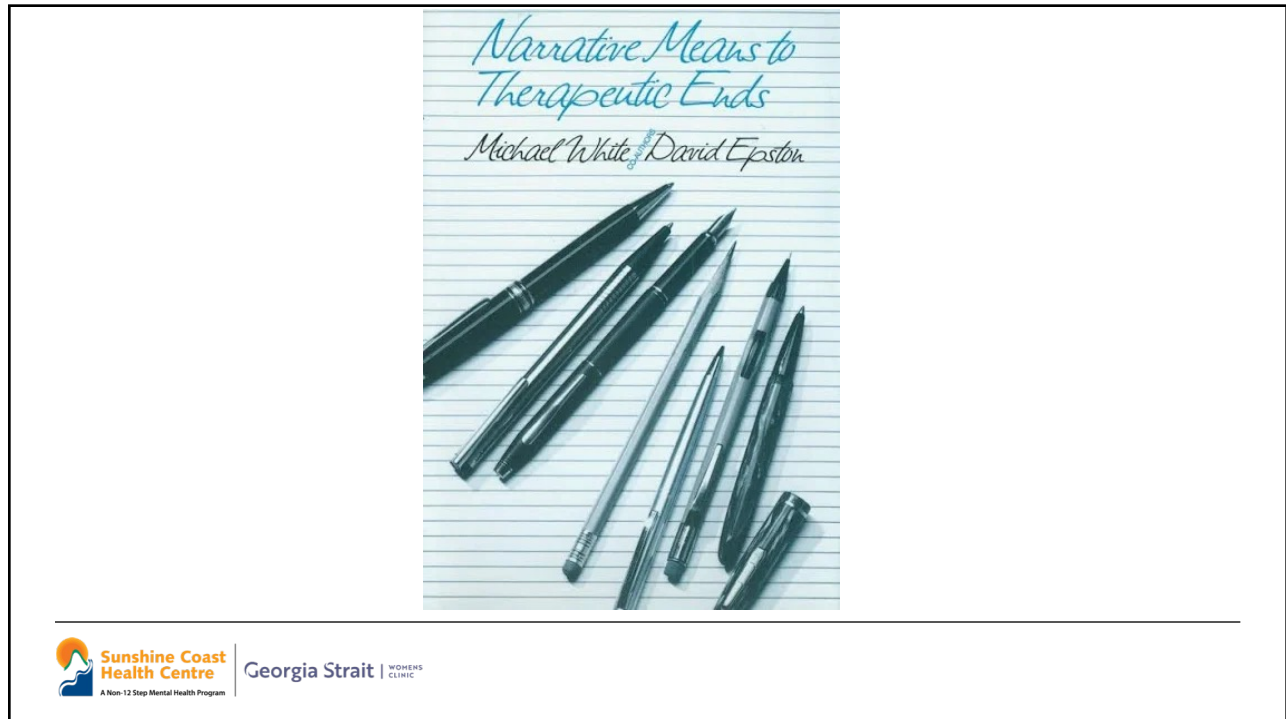
Emotions

- Any and all inner processes and states are connected to some outside context
- Emotions are not facts
- Create autonomy from emotions



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CBT	Narrative
<ul style="list-style-type: none"> • Problems are internal processes (e.g. distorted thoughts) • Focused on identifying and correcting inaccurate thinking • Emphasis on symptom reduction 	<ul style="list-style-type: none"> • Problems are external (anxiety is influencing me) • Focus on the <i>relationship</i> between person and the problem • Emphasis on meaning, identity and context

The image shows a comparison between Cognitive Behavioral Therapy (CBT) and Narrative therapy. It is presented as a table with two columns. The left column is titled 'CBT' and lists three bullet points: 'Problems are internal processes (e.g. distorted thoughts)', 'Focused on identifying and correcting inaccurate thinking', and 'Emphasis on symptom reduction'. The right column is titled 'Narrative' and lists three bullet points: 'Problems are external (anxiety is influencing me)', 'Focus on the relationship between person and the problem', and 'Emphasis on meaning, identity and context'. At the bottom of the slide, there are two logos: the Sunshine Coast Health Centre logo on the left and the Georgia Strait Women's Clinic logo on the right.

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Core Theory

1. People live by stories

- Reality and identity are shaped through language, culture, and relationships, not just internal traits
- People interpret their experiences through narrative
- Narratives are influenced by broader cultural discourses (e.g. definitions of success, gender, mental health)
- No single “true” story defines a person

Core Theory

2. The person is not the problem

- Problems are separate from people
- Instead of “I am depressed” the stance becomes “depression is affecting me”
- Creates space for agency and reduces shame

Core Theory

3. Problem-saturated vs. Alternative stories

- A problem-saturated story dominates when negative experiences are overemphasized and exceptions are ignored
- People's lives always contain "unique outcomes"- experiences that don't fit the problem story
- Therapy focuses on identifying and expanding these alternative stories

Core Theory

4. Power, discourse, and identity

- Social norms and institutions shape what is considered "normal" and "healthy"
- Problems are often linked to oppressive or limiting societal narratives
- Therapy involves deconstructing these taken for granted beliefs

Core Theory

5. The therapist's stance: collaborative and decentered

- Therapist is not the expert on the client's life
- Client is seen as the expert in their own experience
- Therapist adopts a “not-knowing” stance, asking curious, respectful questions

Interventions

1. Externalizing conversations

- The problem is named as something outside the person
- Reduce blame and create distance so the person can relate to the problem differently
- Shifting “anxiety disorder” to “the worry voice”
- When did worry start showing up? What does it try to get you to do?

Interventions

2. Mapping the influence of the problem

- How the problem affects the person's life (relationships, work, identity)
- How the person has responded to the problem
- This reveals that the person is not passive- they already resist the problem in small ways

Interventions

3. Identifying unique outcomes

- Times when the problem had less influence
- Moments of strength, resistance, or difference
- These moments become the foundation for change

Interventions

4. Re-authoring conversations

- Once unique outcomes are identified, they are expanded into richer narratives
- What do these moments say about your values or identity?
- How do they connect across time?
- Build a preferred identity story

Interventions

5. Thickening alternative stories

- Alternative stories are developed in depth by exploring:
 - Meaning (why it matters)
 - History (when else this has shown up)
 - Relationships (who supports this version of self)
 - The goal is making the new story more credible and lived-in than the problem story

Interventions

6. Deconstruction

- Question dominant cultural assumptions
- Where did this idea come from?
- Who benefits from you believing this?
- Goal is to loosen the grip of internalized norms

Interventions

7. Revisit relationships

- Who would recognize this strength in you?
- What would they say about this change?
- Reframes identity as shaped by meaningful relational networks

Interventions

8. Therapeutic documents and outsider witnesses

- Letters summarizing sessions
- Certificates acknowledging change
- Groups reflecting on the person's story
- Helps solidify and socially validate new narratives

Life Story

- Person describes their life as if it is a story
- Client is guided to describe their life as if it were a story with chapters and key scenes

Life Story

1. Divide life into chapters

- Prompt- “Divide your life into 3-7 chapters. Give each chapter and briefly describe it”
- Example- Trying to fit in (ages 12-16), losing my way (17-20), Rebuilding (21- present)



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Life Story

2. Describe key scenes

- High point- describe a peak experience, one of the best moments of your life. Include what happened, who was there, what made it meaningful
- Low point- describe a very difficult or painful experience. Focus on what made it hard, how you responded
- Turning point- describe a moment that significantly changed your life or direction



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Life Story

3. Identify key characters

- Who are the most important people in your life story?
- What role did they play?
- How have they influenced you?



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Life Story

- Therapist listens for tone (hopeful, bleak, chaotic) and themes (growth, failure, belonging, survival)
- Look for narrative patterns – structure of identity
 - Redemptive patterns (resilience, bad to good)
 - Contamination patterns (good to bad, hopelessness)
 - Agency and connection
 - Notice what is not reported (underreport resilience, overemphasize failure)



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Life Story

- Identify central challenges
 - Feeling not good enough
 - Fear of rejection
 - Loss, instability, pressure
 - Dominant "problem stories"



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Life Story

- Guide clients in reinterpreting key scenes
 - What did I do to get through that?
 - What does that say about me?
 - What alternative interpretation is also true?
 - What identity do you want to strengthen?



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Life Story

- Identify values, beliefs, and worldview
- Identify future script
 - How do you imagine the next chapter of your life?



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