



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**SOLUTION-FOCUSED QUESTIONING / BRIEF THERAPY**

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Definition: A questioning style to explore clients' possible preferred futures and their realisation based on existing resources and behaviours.

Elements: *Problem-free talk:* Conversation on any topic - family, work, personal interests - apart from the problem presented - in order to encourage thinking beyond that problem and reveal resources, competencies and strengths; e.g. '*Considering all that how did you manage to get up and come here this morning?*', - '*What does it say about you that you still managed to get your children to school on time?*'

-*Miracle question / preferred future:* Pointing out small, observable signs that are realistic and significant to the client and measurable (see below) e.g. '*Imagine that tonight, while asleep, a miracle happens and your hopes from coming here are fulfilled, or the problems you bring here are resolved. In your sleep you don't realise this miracle has happened. When you wake up what difference in your life will you notice that tells you this miracle has begun?*' Encouraging the client to detail as much as possible while focusing on the positive ('*How will you know that the problem is solved?*') and the specific ('*..and when you feel happier, what difference in you will your wife notice first?*').

-*Rate progress on scales* tailored to be generic (e.g. - '*If '10' means how things will be after the miracle, where are you now on a scale of 0 to 10?*') and specific (e.g. - '*If 10 is you fully confident about speaking to your boss, where are you today?*'). The therapist may define '0' as worse than the client's present state (e.g. '*0 is you avoiding being in the same room with your boss at all times*'). After the client rates herself, she is asked '*What is the evidence for your scoring so high?*' Even if she rates herself at 1: '*This is better than 0. What puts you there? What stops you getting worse? How will you know when you've reached '2' on the scale?*'. The therapist encourages searching for *small* changes (e.g. replying to the boss when he asks her something, speaking a bit louder, looking into his eyes when speaking to him, etc.).

-*Constructive feedback:* This is specific and within what the client has revealed, emphasising resources and strengths, while acknowledging the difficulties faced.

Related procedures: *goal-setting, Socratic questioning, well-being therapy, happiness interventions, problem solving* (but SFQ focuses not on the problem but on small positive changes to overcome it).

Application: Can be done without problem talk or as part of problem solving.

1st use? de Shazer (1985) at Brief Family Therapy Centre 1982, Milwaukee, USA, based on work by Milton Erickson, Gregory Bateson, Virginia Satir, Jay Haley et al.

References:

1. de Shazer, Steve (1994): *Words were originally Magic* W.W. Norton & Company, Inc., New York

2. de Shazer, Steve (1985): *Keys to Solution in Brief Therapy* W.W. Norton & Company, Inc., New York
3. George E, Iveson C, Ratner H (1999): *Problem to Solution: Brief therapy with individuals and Families - revised and expanded edition*. Brief Therapy Press, London
4. Postma K, Rao NFS (2006) Solution-focused questioning to facilitate the process of change in CBT for neophobia in adults. *Beh & Cog Psychother*, 32, 371-5.

Case Illustration (Postma & Rao 2006)

John aged 18 sought help for life-long difficulties eating new foods. The therapist used solution-focused questioning to help John look for *exceptions* to his avoidance behaviour: -*Tell me about times that you did manage to eat something else?*; -*When was the last time you felt a bit more confident that you could overcome this difficulty?*; -*What about times when you refused to let this problem rule your life?* John said he had sometimes tried to eat plain white rice and fish fingers despite feeling nauseous, using willpower to counteract the fear (*self-exposure*). The therapist praised John for those experiences as proof of his own ability to help himself: *What helped you to achieve that?*; *How did you deal with the difficulties you faced in doing that?*; *What did you learn about yourself managing to do that?* In this first, 45-minute, session John enjoyed this type of questioning and the idea of being able to help himself. His 2<sup>nd</sup> session two weeks later lasted less than 10 minutes. John had eaten a range of new foods while trying to eat something new nearly every day. Therapy time was merely used to emphasise John's courage and strength to push himself beyond his fears. Session 3, three weeks later, again lasted less than 10 minutes. He had expanded his range of tried foods and eaten what appeared on the family table and enjoyed most of it. He had begun going out with friends and looked forward to attending Christmas festivities at his sports club a few weeks later.