

Solution-focused Brief Therapy Case

Name

Institutional Affiliation

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As a therapist, I have worked with several different families with various problems. Currently, I am working with clients who have encountered a lot of issues as a family. Specifically, the family includes a mother, a father, and a teenage daughter. Surprisingly, all the three individuals have been affected severely by the challenges that they face on a daily basis. Even though I intended to focus on solutions rather than their problems, I decided to their stories to determine the kind of technique or strategies that I would use to provide my assistance.

According to their story, both parents had been fighting each other for different reasons. As a result, the teenager's life was also affected, thus forcing her to contemplate committing suicide to save herself from the mysteries. Mainly, her suicidal ideation have also worried her parents and other relatives who understand what has been going on in the family. Notably, the parents decided to seek professional counseling and family therapy due to the fear that their daughter would hurt herself if things remained unchanged. Therefore, they believe that family therapy can help them address the challenges that they are facing as a family. Based on their thoughts, they are hopeful that solving their differences as parents would help them stop their daughter from harming herself and to provide her with a conducive environment for healthy growth. It is important to note that the problem had started three years before when the father began to use alcohol after a long break. Consequently, the child started to show the signs of suicidal ideation two years later. Moreover, the family reported that the daughter's suicidal thoughts could also be attributed to drug abuse. Succinctly, the family needed a therapist who would help them to correct the mistakes and go back to their happy loves. After a critical analysis of the case, I decided to use the Solution-focused Brief Therapy (SFBT) to assist the clients.

Identification of Therapeutic Issues

In order to serve the clients, specific crucial therapeutic issues were considered. Foremost, I highlighted misinformation as one of the possible elements. The clients had particular beliefs that could have affected the whole process. For instance, both parents had misconceptions that it would take several months for them to realize changes even though they were optimistic that they would benefit from the sessions of therapy. Additionally, the parents thought that some factors would remain the same regardless of the efforts and time dedicated to the meetings. Therefore, I had to convince them that change is inevitable and everything was bound to change in a positive way. As such, it would be easy to facilitate the process by engaging all of them. It is essential to understand that misinformation regarding the therapeutic sessions may impede progress. It is for this particular reason that the SFBT model requires the practitioners to educate the clients before beginning the first sessions. The first engagement is crucial since it would help the practitioner to understand the expectations of the clients and their goals. Additionally, the knowledge would enhance the procedure by allowing the clients and the therapists to engage based on the goals and objectives.

Secondly, I analyzed the situation during the first engagement to determine whether there was crucial missing information that could help to address the underlying issues. For instance, I asked a few questions to establish whether the family had adequate knowledge regarding their problems and those of the daughter. According to the analysis, it was evident that their descriptions of the circumstances and the situations supported their claims and notions that they had family problems, such as drug abuse and violence. However, I focused on the current situation and the future expectations rather than the past experiences. Ultimately, I established that all the clients understood the nature of their problems and were willing to cooperate fully in order to benefit.

Lastly, I analyzed the whole situation to determine whether there existed some maladaptive behaviors, which might influence or hinder the success of the therapy. Some of

the acts that I attempted to observe include criminal records, extreme violence, depression, drug addiction, and isolation among others. It is important to note that all these factors could affect the engagement and enactment, thus minimizing the chances of success. Even though the husband had been abusing the wife physically, his violent behaviors only manifested when he was drunk. According to the woman, the man had never shown any form of violence when sober. Therefore, they both blamed alcohol for most of their family problems. Besides, I recorded that the father had never used any other drug apart from alcohol. On the other hand, the child had been using both alcohol and prescription drugs, which contributed to her poor health and suicidal ideations. Concisely, all the clients were willing to cooperate in order to support the process in order to eliminate all the therapeutic issues that could affect the procedure.

Treatment Needs and the Engagement Process

After presenting their problems, the clients instructed me to help them solve the family problems. Mainly, they needed the treatment to focus on the psychological issues, such as violence, the father's alcohol problem, the daughter's drug addiction, and the suicidal thoughts among others. For me to understand their expectations and objectives, I asked the clients what they wanted me to help them achieve. The specific question was, "What would you want me to help you achieve?" Noteworthy, the matter required them to share their treatment goals with me. According to Trepper, Dolan, McCollum, and Nelson (2006), SFBT dictates that practitioners should assume that the clients are competent and able of solving their own problems. However, they only need to be given hope and adequate support for them to invest their time and resources in the processes of healing. Also, focusing on the solutions shifts the attention of the clients from despair and hopelessness by lifting their morale and spirit.

Moreover, I asked the clients how they expected their lives to be at the end of the therapy. I framed the question to ask, “How will your life be after solving the major problems?” in order to utilize the enactment and engagement theories, I gave all of them the opportunity to share what they thought their lives would be. Based on their responses, it was evident that they were all optimistic that solving their psychological and family problems will improve their lives significantly (Reiter, 2010). Also, the answers proved that I had gained their trust and they were willing to work with me until the end.

Furthermore, I asked the clients about the moments when they were not experiencing the challenges to know more about exceptions. Noteworthy, identifying the limitations may help to determine the treatment goals. In response, the parents claimed that they had never fought when the male client was sober. Also, the daughter had never attempted to commit suicide when she was not using drugs. Consequently, the clients reported that the girl appeared to use more drugs when the father was abusing the mother physically after drinking alcohol. As such, I established that most of the issues were caused by the father. Even though I did not share the thoughts with them, they all seemed to argue that the father was the primary cause of the family problems. Besides, the daughter was willing to go for rehabilitation of she was assured that the father would control her violent behaviors. Besides, I tried to engage all the three clients in order to make observations with the intention of understanding their interpersonal relationships.

Therapeutic Perspectives and Theories

It is important to highlight the fact that there is extensive research to support various practices in family counseling and therapy. In this particular case, the study was conducted to obtain relevant and reliable information on the SFBT approach. Some of the most significant assumptions that guide the solution-focused brief therapy include the supposition that all the clients have the ability and capacity to solve their family and psychological problems.

However, they may need motivation for them to address the issues that confront them on a daily basis. Moreover, it is essential to focus on the present and the future rather than the previous experiences. Taylor (2005) claims that it is possible to develop treatment goals and find solutions for individual problems without knowing anything about the history of the clients. However, learning a brief account may provide vital information regarding the exceptions or moments when the clients were not experiencing the problems. In order to counsel the family, I relied on extensive research on SFBT.

Remarkably, I identified scaling and questions as some of the most useful tools that will be used to assess the progress of the therapy. For instance, I would be asking the clients the changes that they have experienced since the last engagement before proceeding to the next step. After selecting the goals, I used a scale of one to ten to gauge the confidence of the clients in me and the goals that were are planning to achieve.

Legal and Ethical Considerations

Since SFBT involves consultations and disclosures of confidential information, a code of ethics was developed to regulate the behaviors and practices of the therapists. In this particular case, I vowed to observe the rule of confidentiality to ensure that the information disclosed by the clients were safeguarded. Noteworthy, it is illegal and unethical for the practitioner to share the information with any person without the permission of the clients or the patients. As such, everything shared between the family members and me remained a secret.

Secondly, it is essential for therapists to relate to the clients professionally regardless of the relationship. SFBT lead to a close relationship between the therapist and the clients. The fact that the parties share personal information implies that they may become very close. Therefore, the therapist may get information about each member of the family through social interactions. Even though some practices may be legal, they may also be unethical if they go

against the code of ethics. For instance, forging an intimate relationship with the clients may be legal but immoral (Seedall, 2009). Therefore, a professional behavior may help to avoid such cases.

Lastly, it is crucial to do good on behalf of the client. According to Ponterotto (2013), therapists are professionals who are required to serve the society by solving people's problems. Even though the framework of SFBT needs a practitioner to base his or her practices on positive psychology, it is ethical and professional to share the right information with the clients. For instance, providing false information to the clients in order to give them hope is unethical. As such, an individual must follow the code of ethics.

Recommendations

After a critical analysis of the case, I learned that the family had a clear understanding of the issues that it was facing. Similarly, the clients understood the goals of treatment and the changes that they needed in order to improve their living conditions. As such, I helped them construct realistic and achievable goals that they would want to attain by the end of the fifth sessions. Specifically, the problems include drug abuse, violent behaviour of the father, and the child's suicidal ideations. Since the child promised to change if the father considered regulating the drinking habits, I established that her problems were manageable. Also, the father would stop the violent behaviour if he stops drinking. Therefore, I am planning to focus much of the effort on the drinking problems.

References

- Ponterotto, J. G. (2013). Qualitative research in multicultural psychology: Philosophical underpinnings, popular approaches, and ethical considerations.
- Reiter, M. D. (2010). Hope and expectancy in solution-focused brief therapy. *Journal of Family Psychotherapy, 21*(2), 132-148.
- Seedall, R. B. (2009). Enhancing change process in solution-focused brief therapy by utilizing couple enactments. *The American Journal of Family Therapy, 37*(2), 99-113.
- Taylor, L. (2005). A thumbnail map for solution-focused brief therapy. *Journal of Family Psychotherapy, 16*(1-2), 27-33.
- Trepper, T. S., Dolan, Y., McCollum, E. E., & Nelson, T. (2006). Steve De Shazer and the future of solution-focused therapy. *Journal of Marital and Family Therapy, 32*(2), 133-139.