

‘What works?’ Remarks on research aspects of Solution-Focused Brief Therapy

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This special issue on research aspects of Solution-Focused Brief Therapy is timely and needed. We are pleased that the *Journal of Family Therapy* decided to embark on this endeavour. Because the model developed deductively, that is, first try something, then see if that worked, try to describe it in detail, etc., the approach can be described as experimental and research orientated from the beginning. Years later, when we read what Lincoln and Guba (1985) wrote about ‘naturalistic inquiry’, we saw that what we were doing was sufficient in itself as a research endeavour.

We started out by seeing clients in our living room with the video camera (and operator/team member) on the landing of our stairs; the consulting break was taken in one of the upstairs bedrooms. We were interested in finding out what differences made a difference and we were not at all interested in proving anything to the outside world. Now that the approach is becoming more accepted by academia, including those with scientific minds and backgrounds in traditional research methods, it is coming under the same kind of scrutiny as other approaches and is being measured by the standard ways of assessing effectiveness. We not only lacked the resources to undertake such studies, but the basic assumptions and premises of the two worlds clashed. Being clinically orientated, we were more than satisfied with our naturalistic research projects.

Although Solution-Focused Brief Therapy (SFBT) began to develop in 1980 and we gave it its name in 1982, research into the approach – other than our own exploratory/experimental, model/theory construction research projects (de Shazer, 1985, 1988, 1991, 1994) and our own follow-ups – has been minimal. Primarily this is due to BFTC’s having been a teaching- and training-focused endeavour. We and our clients were busy inventing a rather radical approach to ‘therapy’. We were interested in ‘searching’ for

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and finding out what works and were not at all interested in questions about whether the approach works 'as well as' or 'better than' other approaches.

We have always been interested in (nay, obsessed with) the question 'What works?' (so that we could do more of it) rather than its opposite. None the less, we carefully watched our failures. We wondered if there was some way to predict failure, some contraindications, but we were never successful in this effort. Perhaps surprisingly, in our most recent follow-up study, we again learned that diagnosis does little to predict outcome and, in fact, SFBT is consistently successful – regardless of the client's problem(s) (Berg and De Jong, 1996).¹ This, of course, was part of what led us to draw our radical distinction between 'problems' and 'solutions'. Furthermore, we surprised ourselves by proving one of our own assumptions wrong: the presence or absence of a team behind the one-way screen has no impact on outcomes (Burr, 1990). Of course we had realized all along that SFBT is not a panacea and is not the answer to all the many and varied ills to which human beings are subject. Our follow-up studies, i.e. asking clients whether they met their goals, are not earth shaking. All therapy models work and many clients report that they benefited simply from talking to a therapist. One result of this is that we continued to work with our general outpatient clinic population and thus did not seek to apply the approach to any of the standard problem-defined population until quite recently (Berg and Miller, 1992; Berg and Reuss, 1997).

Ever since I (de Shazer) began practising brief therapy in the early 1970s, my 'research' question was 'What do therapists do that is useful?' In the 1980s, we changed this to 'What do clients and therapists do together that is useful?' What is loosely called The Model is our answer. Obviously, this research process has meant that we have had to discard much along the way and thus our so-called minimalist approach has evolved. But what is left? Although clinically there is no such thing as a rigid protocol or orthodoxy, there are certain things solution-focused therapists (and their clients) usually do that are easily recognizable. These characteristics might well serve as indicators that solution-focused brief therapy is happening. While these

¹ In this study (n = 138, about half of those we attempted to contact), BFTC's success rate was about 77%, with 45% of the clients saying they had met their treatment goal(s) and another 32% saying that they had made significant progress towards their treatment goal(s). The average number of sessions per case was three. Race, class, sex, age, economic class and type of problem had no impact on outcomes.

characteristics may or may not be important clinically in any specific case, they are important within a research context where it is necessary that the researcher is able to demonstrate that the model of therapy being tested is indeed the model used by the therapists. Otherwise any and all findings are suspect.

Characteristic features of SFBT include:

- (1) At some point in the first interview, the therapist will ask the 'Miracle Question'.
- (2) At least once during the first interview and at subsequent ones, the client will be asked to rate something on a scale of '0 → 10' or '1 → 10'.
- (3) At some point during the interview, the therapist will take a break.
- (4) After this intermission, the therapist will give the client some compliments which will sometimes (frequently) be followed by a suggestion or homework task (frequently called an 'experiment').

Once a naive observer is given a description of these four characteristics, their presence or absence can be easily noted. If any or all are missing, then – at least for research purposes – we have to conclude that the therapist is not practising SFBT. Of course, clinically what the therapist and client are doing might well be SFBT (and it might well be good therapy), but in a research context the model used must be apparent and clearly demonstrated. Obviously, the presence of these characteristics says nothing whatsoever about the quality of the therapy. Over the course of the next few years, researchers, including those whose work makes up the meat of this special issue, will add to our knowledge of SFBT. These researchers will probably take up the traditional focuses of psychotherapy research and attempt to see how well SFBT works with so-called specific problems and so-called specific populations of clients. If all goes well, the research will allow SFBT therapists to focus on any clinical difficulties that show up in the research findings.

We, of course, do not want to lose the integrity of SFBT. As we see it, there is a danger that research, with its usual focus on aggregates, will lose the individual client and thus ignore the client's goals, the client's evaluation of the therapy and the client's own life; all of which are so important to Solution-Focused Brief Therapy.

References

- Berg, I. K. and De Jong, P. (1996) Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376–391.
- Berg, I. K. and Miller, S. (1992) *Working with the Problem Drinker: A Solution-focused*

- Approach*. New York: W. W. Norton.
- Berg, I. K. and Reuss, N. (1997) *Building Solutions: A Substance Abuse Treatment Manual*. New York: W. W. Norton.
- Burr, W. (1990) Evaluation der Anwendung lösungsorientierter Kurztherapie in einer kinder- und jugendpsychiatrischen Praxis. (Evaluation of the use of brief therapy in a practice for children and adolescents.) *Familiendynamik*, 18: 11–21.
- de Shazer, S. (1985) *Keys to Solutions in Brief Therapy*. New York: W. W. Norton.
- de Shazer, S. (1988) *Clues: Investigating Solutions in Brief Therapy*. New York: W. W. Norton.
- de Shazer, S. (1991) *Putting Difference to Work*. New York: W. W. Norton.
- de Shazer, S. (1994) *Words were Originally Magic*. New York: W. W. Norton.
- Lincoln, Y. S. and Guba, E. G. (1985) *Naturalistic Inquiry*. Beverly Hills: Sage.