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Title:	The utility of solution-focused, brief counseling in schools: Potential from an initial study.
Authors:	Mostert, Deborah L., Southwest Human Services Ctr, Fargo, ND, US Johnson, Erin Mostert, Mark P.
Source:	Professional School Counseling, Vol 1(1), Oct, 1997. Special issue: Partners in research: School counselors and counselor educators working together. pp. 21-24.
Page Count:	4
Publisher:	US: American School Counselor Assn.
ISSN:	1096-2409 (Print)
Language:	English
Keywords:	effectiveness of solution-focused brief counseling model, school counselors

Abstract: Investigated whether Solution-Focused Brief Therapy (SFBC; S. DeShazer et al, 1986) might be an effective approach for use by school counselors. SFBC was originally conceptualized as a set of clinical assumptions and strategies in response to the question, "What works in counseling?" This initial study explored the flexibility of SFBC in meeting school counselors' demands and whether SFBC training would be an enduring contribution to their professional development. 20 counselors participated in an initial workshop. The basic tenets of SFBC were presented and the potential of the model for use in school counseling was discussed. Five Ss participated in follow-up training. Results indicate that the SFBC training is possible without unrealistic time commitments by either the counselors or the training personnel and, among these 5 Ss, was perceived as a valuable and effective therapeutic strategy. Counselors easily used the SFBC model after minimum initial training; all reported the utility and efficacy of the model not only with students, but also with parents; counselors perceived themselves to be more effective when they used the SFBC model; and the SFBC model has utility across interprofessional relationships. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Subjects:	*Brief Psychotherapy; *Models; *School Counseling; *Treatment Effectiveness Evaluation; School Counselors
Classification:	Educational/Vocational Counseling & Student Services (3580)

Population:	Human (10)
Location:	US
Age Group:	Adulthood (18 yrs & older) (300)
Methodology:	Empirical Study
Format Availability:	Electronic; Print
Format Covered:	Print
Publication Type:	Journal; Peer Reviewed Journal
Document Type:	Journal Article
Release Date:	19980501
Accession Number:	**1998-01038-005**
Database:	PsycINFO
Full Text Database:	

The Utility of Solution-Focused, Brief Counseling in Schools: Potential from an Initial Study

There are numerous documented approaches to the practice of counseling. In public schools, school counselors generally decide on a counseling model based on a number of professional and personal variables such as their graduate training, clinical experience, and personal "fit." While such pivotal choices are encouraged and expected, most counselors' training programs appear to place little emphasis on the immediate practicalities and unpredictability of the counseling session itself (Berg & Miller, 1992). Man), training programs, for example, assume ideal conditions for counseling, such as unlimited time (Littrell, Malia, Nichols, Olson, Nesselhuf, & Crandell, 1992), cooperative clients (Downing & Harrison, 1992), and the traditional freedom to make mistakes and adjust therapeutic approaches afforded trainees in laboratory settings. The match between much preservice training about the intricacies of the counseling session and the demands of counseling practice in public schools, therefore, is often poor.

RATIONALE

The potential mismatch between schools counselors" training and the realities of counseling in schools can quite easily result in a lack of progress or success when counseling students. In discussing their work with the authors, numerous school counselors reported that the), feel overwhelmed by a number of factors which influence their counseling effectiveness. These factors appear to be internal to the school setting (e.g., heavy caseloads, inadequate resources, poor or nonexistent inservice training) or external (e.g., multiproblem families, the relative powerlessness of the students to effect significant change in their lives). Given that man), or all of these factors may be immediately unchangeable, and that many of the school counselors with whom the authors consulted over several years expressed frustration at not

being effective in matching their counseling techniques to the practical difficulties they encountered in the schools, the authors sought to investigate whether Solution-Focused Brief Therapy (SFBC, Berg & Miller. 1992) might be helpful in making a more practical and effective service delivery approach for use by school counselors in schools.

SOLUTION-FOCUSED BRIEF THERAPY

The authors believed that the assumptions and techniques of SFBC, an approach already seen as beneficial in schools (Murphy. 1994b), would address some of their needs and concerns. Furthermore, they hoped that there would be some benefit in establishing a closer connection between private practice and school counseling, efforts which have been fruitful elsewhere (Hinkle, 1993).

SFBC was originally conceptualized by deShazer and colleagues (deShazer. Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; deShazer, 1988, 1991; Walter & Peller, 1992) as a set of clinical assumptions and strategies in response to the question, "What works in counseling?" Influenced heavily by the work of Erickson (deShazer, 1988) and the MRI team (Mental Research Institute, deShazer, 1991), SFBC is undergirded by several characteristic assumptions:

First. SFBC emphasizes wellness whereby individuals are seen as having the resources to solve their own problems (Berg & Miller, 1992) in a practical immediate way and that problems are not evidence of an underlying pathology (Berg & Miller, 1992; Patterson, 1971; Fisch, Weakland & Segal, 1982).

SFBC is future-oriented and solution focused to resolve current complaints rather than finding the cause of the problem. Focus for solutions is facilitated by a key orienting question, often known as the "miracle question":

Suppose tonight while you are sleeping, there is a miracle. And the miracle is that all the problems that you've come to talk to me about today are solved. But because you are asleep you don't know that the miracle has already happened. When you wake up, what will be the first thing that will tell you that the miracle has happened? (deShazer, 1991, p. 113).

3. SFBC holds that problems do not require a proportional amount of time to solve related to their complexity. The counselor's job, therefore, is to help get the solution started and then "get out of the way" (Berg & Miller, 1992; deShazer, 1985).

4. SFBC is cooperative (Berg & Miller, 1992). The counselor does not attempt to persuade or convince the client to work on issues important to the counselor.

5. Resistance or denim are seen as artifacts resulting from the counselors' difficulty in establishing the goals of the client. Consequently, clients are organized into three loose categories: (1) the customer, who acknowledges a problem and believes their own involvement is critical to its resolution, (2) the complainant, who identifies a problem but believes its solution requires a change in someone else's behavior or in external events, and (

3) the visitor, who does not acknowledge the existence of a problem.

6. SFBC assumes that problems and their solutions are contextually situated, and consequently can be observed, described, and measured. Progress can be measured by using an informal rating scale from 1 to 10 (1 = worst, 10 = problem solved, Murphy, 1994a).

A review of the literature reveals little pertaining to the application of SFBC in schools by resident school counselors, although Downing and Harrison (1992) noted the logic of applying the SFBC model to .school counseling. More often, the literature has concentrated on brief strategic models (Amatea, 1988, 1989; Amatea & Lochausen, 1988; Amatea & Sherrard, 1991; Littrell et al., 1992) or on consulting professionals currently treating students referred by school personnel (Durrant, 1993). There appears little to no examination, however, of the provision of training in SFBC to school counselors already practicing in the schools.

THE STUDY

This initial investigation explored (a) the flexibility of SFBC in meeting the demands of some school counselors and (b) whether SFBC training would he an enduring contribution to the professional development of the participating school counselors.

In January, 1994, the first and second authors offered a 2-hour introductory workshop to all the public school counselors in Central County of an Atlantic Coast state. The county is predominantly Caucasian-American and middle to upper-middle class. The county is largely rural with a medium-sized city that is a center of culture, the arts, and host of a nationally" ranked research university.

Approximately 20 counselors attended the initial workshop. The first and second authors presented the basic tenets of SFBC and discussed the potential of the model for use in school counseling. They then offered follow-up training for 2 hours each month to be held at rotating sites for the remaining 4 months of the school year. Five of the 20 counselors agreed to participate.

Counselors' Needs

The participating school counselors expressed several concerns about their work: (a) sporadic contact with students and their families, (b) interventions with students involving multiple helping professionals resulting in uncoordinated competing professional press, (c) students who were unresponsive to assistance after referral, (d) influential settings and events outside of school beyond the counselors reach.

Training

The first and second authors tailored several SFBC techniques, based on the assumptions outlined above and with the counselors' areas of concern in mind, as the cornerstone of the training sessions. Of the various techniques presented, the school counselors chose several basic SFBC techniques as the basis for the training:

Determining client category (customer, complainant, visitor)

Facilitating therapeutic effectiveness by focusing on key orienting questions to their clients (the "miracle question." relationship questions ["What would your teacher notice about you that would tell him or her that you were beginning to get along better with other students?"], and scaling questions ["On a scale of 1-10, how are things today])

Compliments noting student strengths or refraining negatives in a positive or useful light (e.g., a child who interrupts can be interpreted as being helpful; a complaining parent can be seen as being concerned, etc.)

Five counselors who worked in the district's elementary schools volunteered to participate in the second phase. The counselors then applied these three aspects of SFBC to specific, current problematic cases with which they were involved. The first and second authors role played their cases with the counselors assuming their professional roles as well as the roles of students, parents, or teachers. These sessions allowed the counselors to track their progress in practical application of the model. In addition, the counselors were encouraged to contact the first two authors between training sessions for feedback or assistance. Several counselors made contact between training sessions. Most of their queries were answered through brief role play during the calls and by emphasizing brainstorming within the assumptions of the SFBC model.

RESULTS OF THE INITIAL TRAINING

Soon after beginning the training sessions, several of the school counselors reported that SFBC was proving effective in their counseling sessions with students in the schools. The following are two illustrative examples.

One female counselor reported that using the scaling question in combination with the compliments aspect of the model worked well with a student with disabilities who complained incessantly, experienced great difficulty in social peer relationships, and who was extremely sensitive to others' perceptions of his disability. The counselor applied these aspects of the model by complimenting the student for being so patient and for tolerating his classmates' lack of understanding. She used the scaling aspect of the model with the student, who subsequently reported most days as a "2" or "3." One day he reported being an "8." The counselor capitalized on this change by asking him what was different about the "8" day, reminding the student to take note of the variables that made that day much better than the others. Eventually, the student's visits to her office decreased, and the counselor was able to informally monitor the student's daily progress by his giving her "number signs" when they passed each other in the hall.

Another female counselor used the model to help a mother with the mother's complaints about her first grade son. The mother contacted the counselor to complain that her son had resisted going to school, complained constantly about his teacher, and about not having

friends. These behaviors had begun when the student's teacher was replaced midway through the year. Using the compliments aspect of the SFBC model, the counselor first commended the parent for her concern for her son. The counselor, using the relationship aspect of the model, asked the mother how the mother would know when coming to school appeared to be more positive for her son. The mother replied that she would know that the teacher really cared about her son when the teacher gave her son the same kind of attention given to him by his former teacher. The counselor then described the new teacher to the mother as "needing to get her sea legs" and thanked the mother for her patience in allowing the teacher to get adjusted to the new class. The counselor, who knew the teacher as a kind person, then observed several displays of teacher concern and attention to the student. The counselor followed up by Calling the mother, thanking her again for her concern and patience, and reporting what she had seen in the classroom. In a second follow-up call a month later, the mother reported that her son had stopped complaining about school and was enjoying his teacher.

RESULTS OF FOLLOW-UP EVALUATION OF SFBC

In order to evaluate the long-term effects of using SFBC, the first two authors interviewed the five counselors a year later using a semi-structured questionnaire. All five counselors responded. The interview was conducted around broad themes of (a) the impact the training had had on the school counselors' practice, if any, (b) whether the school counselors were currently using any of the model's techniques, and (c) what impact they thought using the model had had on their students, if at all. The results of the interviews or questionnaire are summarized below.

Overall Efficacy of the SFBC Training

The five participants perceived the overall efficacy of the training as being very helpful and focused on what they saw as being helpful aspects of the training; they concomitantly provided very few specifics of how the training could be made better. Two issues they raised are notable: First, the participants wanted more practical aspects included in future training, such as practical cases, role playing, and modeling of SFBC in actual counseling sessions. Second, the participants found the on-going nature of the training supportive of their efforts in the schools and in terms of their professional development and level of SFBC expertise.

Continuing Efficacy of the SFBC Model

When questioned about the temporal efficacy of the SFBC training they had received, the participants were unanimous in their judgment that SFBC was a practical counseling approach which was easily and effectively utilized in the practicality of the school setting. Furthermore, they noted that using the SFBC model produced immediately noticeable results both in their practice and in response from the students.

Efficacy for students

When describing the direct efficacy, of the SFBC model on their students, the participants all noted visible, viable, and desirable affects of the SFBC model in use. They emphasized the SFBC model's fit with pivotal client-therapist relationships such as building rapport establishment of the therapeutic relationship, increased levels and quality of communication, and the action-oriented appeal for problem solving.

Efficacy for Counselors

In addition, the participants noted that, aside from the utility of the model in relation to the practicality of their settings and the fit with the students, that they as professionals benefited from using the model in terms of their perceptions of professional efficacy, the time constraints on service deliver); and a clear sense of increased professional direction in the therapeutic process and relationship.

DISCUSSION

This initial study and the perceptions of practitioners who used the SFBC model indicate that there may be significant value in training school counselors in the SFBC model. Specifically, the results provide preliminary support that such training is both feasible and practical. That is, SFBC training of school counselors is possible without unrealistic time commitments by either the counselors or the training personnel and, at least among these five participants, was perceived as a valuable and effective therapeutic strategy. Furthermore, practitioners often complain that in-service training or special workshops are a waste of time or that the applicability of the in-service content is irrelevant or ineffective. The practical nature of the SFBC model appears to be attractive to professionals who work "in the real world" as a usable, succinct, yet effective, highly practical approach that stands in stark contrast to many other forms of counseling, which are either impractical or require a great investment of energy and time over an extended period for few, if any, results.

Several aspects of these results are critically clear. First, the counselors were able to use the SFBC model quite easily after minimum initial training and with on-going monitoring and professional support sessions. We attribute the relative ease of adoption by the counselors to the action-oriented nature of the SFBC model; the intuitive mental health appeal of dealing with and solving immediate, pressing life problems; the attractiveness of the model as a useful tool for improving clients' coping skills; and the characteristic forward-looking focus of the approach.

Second, all five participants reported the utility and efficacy of the SFBC model not only with students, but also with parents, some of whom had been previously resistant to other therapeutic approaches. The usefulness of the approach, therefore, appears to reside not only in its applicability to students' and parents' problems, but also seems to have the potential to overcome relational barriers with parents and students previously resistant to other more cumbersome therapeutic interventions.

Third, the counselors perceived themselves to be more effective when they used the SFBC model. Thus, there appears to be a facet of SFBC that supports and is useful for counselors' professional integrity and self-esteem. This positive influence is especially intriguing in that the counselors pointedly reported previously feeling isolated and somewhat powerless in their work. That is, using the SFBC model and being privy to the noticeable progress by clients was in and of itself empowering for the counselors both in their work and for their perceptions of their professional selves.

Fourth, the SFBC model has utility across interprofessional relationships for collaborative problem solving. Among these counselors, the model proved equally effective with parents and students and ensured that the students or parents collaborated with the counselors to solve their problems. Such collaborative ventures are pivotal for effective therapeutic relationships and for clients' sense of self efficacy and internal control.

The results reported here are only a beginning study. Many questions remain. However, given the fit and success of the SFBC model, there is reason to speculate that the applicability of the approach might be a valuable resource in other areas. For example, the model holds potential as a problem-solving tool for conflicts that arise in interprofessional relationships and on professional teams. We believe that training other school professionals in the model could significantly reduce the amount of time devoted to interprofessional conflict and the common consequent delay in problem solving for the good of the client. Indeed, the model would have equal utility in enhancing collaborative relationships not only for service to clients but in other areas where interprofessional relations are often inadequate, such as professional decision-making for policy changes, personnel issues, and job performance and training.

Another area that needs investigation is whether the SFBC model can be used successfully as a parenting tool. There is little reason why counselors or other school personnel could not train parents in the basic aspects of the model for more effective parenting across the hill spectrum of childrearing issues.

Finally, the model is also applicable as a useful crisis intervention tool, Given that levels of crises in most schools continue to escalate, helping professionals trained in the use of SFBC would be an effective first line of defense in any crisis situation affecting both the physical and psychological well-being of children in schools.

Clearly, this is an initial exploratory study, and as such has several limitations. First, the results only involve five counselors in one school. Numerous extraneous variables might have influenced what appear to be very positive results. There was no inquiry as to why the other counselors, involved in the initial training, chose not to continue their training in the model's techniques. In future work it would be important to isolate sets of variables which contribute 10 the unattractiveness of the model for some counselors, and whether those not interested

cite the model itself or other reasons for not adopting the approach. Such information would provide direction for further study. In addition, there was no examination of the participants' personal characteristics to establish their reasons for volunteering. There may be other motivational reasons for their participation. Finally, the descriptive results reported here need to he supported or refuted in future investigation of specific variables that appear to make the approach attractive, as well as a more widespread application of the training to more effectively meet the needs of the school counselors. Even given these real constraints, this initial investigation provided some evidence that SFBC is potentially a useful tool in schools.

An earlier version of this paper was presented at the annual meeting of the MidWestern Research Association, Chicago, IL, October 1995.

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By Deborah L. Mostert; Erin Johnson and Mark P. Mostert

Correspondence should be addressed to Deborah L. Mostert, Southwest Human Services Center, 2624 9th Avenue South, Fargo, ND 58103.

Deborah L. Mostert, MEd, LPC, is a therapist at Southeast Regional Service Center, Fargo, ND; Erin Johnson, MEd, LPC, is a therapist in private practice, Charlottesville, VA; and Mark P. Mostert, Ph.D., is assistant professor, Department of Special Education, Moorhead State University, MN.

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