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## Solution focused approaches social work

The toolkit presents ideas for worksheets and activities developed by NSPC practitioners that will be used with children and youth aged 5 to 19 in solution-based work. The solution-based practice focuses on helping people move into the future they want and learn what can be done differently using their existing skills, strategies and ideas—rather than focusing on the problem. This approach treats the child or adolescent as the expert in their own lives. Practitioners ask questions to help young people begin to look to the future they want and help them make positive changes in their lives. This toolkit is for practitioners who already have some solution-based practice training and are looking for resources to use when working with children and youth. Click here to see/download content explaining the solution-based approach for children Exercises, games and activities to keep a child interested and engaged in work at every step of the process. Tools and activities explained/provided: My Journey Overview Scales and Tool bags Jamie Ways's story of listening to children and recognizing what they're telling you, while listening to ways in which you can steer the conversation toward solutions. Tools and Activities Explained/Provided: My Strength Cards And Strengths My Strengths Protect The Drawing and Writing of Outdoor Exercises Establish what is wanted: the destination of work (best hopes) Questions, tools and resources to ask the child or youth what they would like to achieve through your work together. Tools and activities explained/provided: Identify the best hopes of the child Crystal Ball Which I want to be me? Traffic Lights My Hopes Change the Channel Talk through Puppets Using Spider Diagrams Describing what is wanted in detail: the worksheets and future favorite activities to help the child or young person to envision the future, with their best hopes achieved, and put this to life as a possibility. Tools and activities explained/provided: Shaking a magic wand The miracle part of the day of the miracle part 2 Drawing of a time machine Playing the child's favorite future or using accessories Using the sandbox Write a letter of the future Working towards the preferred future: instances, exceptions and questions of scale Instances, exceptions and questions of scale to identify behaviours and activities that already help a child get closer to their preferred future, and that can help them get even closer. Tools activities explained/provided: Examples of my favorite future Climbing a mountain Climbing the Scale Takeoff... Scaling with Physical Objects Active Scaling Identify who, in the life of the child or youth, supports them and will be able to help them achieve their best hopes. Tools and activities explained/provided: Help Help My Solutions Team Which is Important to Me Drawing Your Solutions Team Using Buttons to Describe the Solution Team Using Homework and Experiences for a Child to Practice After a Session and Using Follow-up Sessions to Build on Previous Conversations. Tools and activities explained/provided: Check out the Paint The Hand list Make a Fortune Teller Origami Make a Wall of Achievement Make a Successful Moments scrap book Salt jar Strategies And work for purposes Keeping a register of strengths, coping skills and accomplishments a child has done, which they can keep after work has ended. Tools and Activities Explained/Provided: Comics Make a Vision Table Make a Memory Box Create Affirmation Cards Design a Books and Resources Certificate to support and expand this toolkit. Appendix: Tools to Use with Children and Youth Click here to view/download the solution-based approach is a set of conversation tools that help build the desired rapid change in many different areas involving people and the relationships they maintain, ranging from business to therapy. Contains a mindset, characterized by a set of assumptions radically different from most other approaches that help people and organizations move forward. Such assumptions are the belief that people (or organizations, now called clients) already have the resources and capabilities to make the (positive) changes they want for themselves. Throughout the solution-oriented conversation, clients (in collaboration with their solution-focused practitioner) discover and highlight these resources. The relationship between the practitioner and the client is a partnership, in which the expert position on the client's preferred life, situation or future goes to the client. Another hypothesis is that change occurs all the time. By working to build progress, we are identifying and amplifying useful changes. The third hypothesis that makes SF so different from other approaches is that it looks for descriptions instead of explanations and constantly strives to remain on the surface (does not seek underlying meanings). He is particularly interested in what happens in a conversation between two (or more) people (instead of focusing on introverted processes, expert opinions or the underlying theories about how the mind, body and/or emotion work). Uses simple language and adapts to the customer's context, words and aspirations. It also strives for simplicity and i.e. do more with less (more results with fewer interventions) and is considerably shorter. This is why it is very valuable for individuals and organizations who demand quick, effective solutions or immediate intervention with lasting consequences. What we do in the practice of SF: we focus on what works, explore the future or desired outcomes, and track successes, situations and to discover, amplify and strengthen existing capabilities, strategies and resources. SF practitioners co-create with their clients, identify useful change and track progress in a way that the client decides what is useful and how much is sufficient. In doing so, SF practitioners take the don't know position, which allows them to stay close to the client's descriptions, evaluations, preferences and step forward. The tools with which SF practitioners help their clients achieve their preferred outcome are solution-oriented questions and techniques such as the best hope question, the miracle question, and scale. The application of these techniques as well as the mindset described above, as well as the struggle to do more with less intervention on the side of the SF practitioner, is a powerful creative process that focuses on possibilities, solutions and the future, instead of problems or causes of problems in the past. What we don't do in SF practice: have a theory about what's going on (really), analyze the problem, its underlying causes and consequences, focus on weaknesses and what's wrong. We do not provide expert advice, advice, evaluation or suggestions. Nor do we strive to achieve action unless customers wish to do so themselves. The SF approach is not new. It has been around for nearly 40 years, first developed by Insoo Kim Berg and Steve of Shazer in the 1980s and later evolved into different versions around the world. Ribalon Institute follows the minimalist version of SF, developed by BRIEF in London. As a scientist, of course, before I even started learning sfa, I was curious about its effectiveness - does it really work? Only a brief yes was not enough for me, so I did some research in this area before learning. Discovered that many investigations and research have been conducted in the field of the effectiveness of the approach and most of them agree, it is at least as effective as any other therapeutic approach, if not more (see for example Gingerich, W. J. and Peterson, L. T. (2013). Effectiveness of solutions-based short therapy: Systematic qualitative review of controlled outcome studies. Research on Social Work Practice, 1-18.; as well as for a detailed description of the most recent and past SFBT investigations). Links you might find interesting: What does a solution-oriented session look like? Customer Testimonials Solution-based Therapy has a number of compatibility with the Social. Social work touts a strength-based perspective and collaboration with clients. In solution-oriented therapy, clients are encouraged to find solutions that fit their own worldview. The practitioner works in collaboration with the client to raise awareness of the forces, which are then mobilized applied to problematic situations. Solution-based social work practices also share a systemic perspective. The importance of context as an influence on individual behaviour is emphasized rather than dysfunction within the individual (Corcoran and Pillai, 2007). Read more: 5. Principles What is Solution Therapy? Anne Lutz2020-08-05T18:41:14-00:00 Solution-Focused Brief Therapy (SFBT), also known as Solution-Focused Therapy (SFT) was developed by Steve by Shazer (1940-2005) and Insoo Kim Berg (1934-2007) in collaboration with their colleagues at the Milwaukee Brief Family Therapy Center

from the late 1970s. As the name suggests, SFBT is forward-looking, goal-oriented, and focused on solutions, rather than the problems that led clients to seek therapy. Short Solutions Therapy (SFBT) is an evidence-based, short-term goal-based therapeutic approach that helps clients change by building solutions rather than focusing on problems. In the most fundamental sense, SFBT is a friendly hope, positive emotional, forward-looking vehicle for the formulation, motivation, realization and maintenance of the desired change of behavior. Solution-focused practitioners develop solutions by first generating a detailed description of how the client's life will be different when the problem has disappeared or their situation improves to a satisfactory extent for the client. The therapist and client then carefully research the client's life experience and behavioral repertoire to discover the resources needed to co-build a practical and sustainable solution that the client can easily implement. Typically, this process involves identifying and exploring previous exceptions, such as when the client was able to cope with or respond to past challenges and challenges. In an inherently respectful and practical interview process, SF therapists and their clients work together to identify goals that reflect clients' best hopes and develop satisfactory solutions. The practicality of the SFBT approach may stem in part from the fact that it was developed inductively in a downtown ambulatory mental health service setting where clients were accepted without prior screening. The developers of SFBT have spent countless hours observing therapy sessions over several years, carefully noting all kinds of questions, statements or behaviors on the part of the therapist that led to positive therapies. Questions, statements and client-related activities that report progress have subsequently been preserved and incorporated into the FBT approach. Since this early development, the SFBT has not only become one of the leading schools of brief therapy, but has become a major influence in areas as diverse as business, social policy, education and criminal justice services, child welfare, and domestic violence offenders. Family. Described as a practical, objective-based model, one of the hallmarks of the SFBT is the focus on clear, concise and realistic goal-setting negotiations. SFBT has continued to grow in popularity, both for its usefulness and brevity, and is currently one of the leading psychotherapy schools in the world. Key concepts and tools Almost all psychotherapy is language-based and each uses its own form of specialized conversations. With SFBT, the conversation is focused on the development and implementation of the solutions envisaged by the customer. The following techniques and questions help clarify these solutions and how to achieve them. Goal Development Issues SF therapists begin a first session with one or more goal development questions. This may involve asking clients to describe their best hope for what will be different as a result of their coming to therapy, what must happen as a result of their arrival so that after the customer (and/or a person who cares about them) will be able to look back and think that this had been a good idea to come, or what should happen so that customers would be able to say afterwards that coming was not a waste of their time. Once a goal has been identified, SF therapists ask their clients questions designed to generate a detailed description of what the client's life will be like when the goal has been achieved. In some cases, this may include the miracle SF question (see below). Once a detailed description has been developed of how the client's life will be different after the goal has been achieved, the therapist and client begin to search through the client's life experiences and behavioral repertoire for exceptions, for example when in at least some parts of the goal have already occurred. Question of Change Before the Session In the first sessions, once a client has identified a goal, an SF therapist usually asks a version of the following question: 'We have learned over the years that sometimes between making an appointment and entering, something happens to make things better. Did something like that happen in your case? If the client answers no, the SF therapist simply moves on, but if the client answers in the affirmative, it may probably be that the solution development process has already begun in this case, the SF therapist follows up with questions about the details of how, when and where things began to improve and how this could possibly continue. Looking for previous solutions As illustrated above, SF therapists have learned most people have already solved many, many problems and may probably have some ideas on how to solve the current problem. To help customers discover these potential solution ingredients, they may ask, Are there times when this has been less problematic? or What have you (or others) done that been helpful? Or When was the last time like this one (description of the client's goals) may have happened, even a little? Search for exceptions Even when a client does not have a fully developed previous solution that can be easily repeated, most have recent examples of exceptions at least partial to their problem; no problems happen to the same degree all the time. For example, there are times when a problem may occur, but it does not. The difference between a previous solution and an exception is small, but potentially significant. A previous solution is something that previously customers who worked but may have been discontinued later. An exception, on the other hand, is something that occurs instead of the problem, sometimes spontaneously and without conscious intent. SF therapists can help clients identify these exceptions by asking, What is different in times when it is less problematic? Current and future-oriented questions versus past guidance The questions posed by FS therapists are usually focused on the present or the future. This reflects the fundamental belief that problems are best solved by focusing on what already works, and how a client would like their life to be, rather than focusing on the past and origin of problems. For example, they may ask, What are you going to do in the next week that would tell you that you are continuing to make progress? Compliments Direct and indirect compliments based on careful observation of the positive things that the client has done or said are an essential part of the solution focused on brief therapy and are used throughout the therapeutic process. Validating what clients are already doing well, and recognizing how difficult their problems are encourages the client to change while giving the message that the therapist has been listening (i.e. understand) and cares. Compliments in therapy sessions are used to punctuate and validate what the client is doing that works. In SF therapy, indirect compliments are often conveyed in the form of questions to the grateful tonics of How did you do this? that invite the client to self-compliment under answering the question. Invite customers to do more of what works. Once SF therapists and their clients have identified previous solutions and exceptions to the problem, therapists gently invite clients to do more of what has already worked, or to try changes they have raised that they would like to try - often referred to as an experiment or homework experience. Miracle Question (MQ) The solution-based miracle question is often used a vehicle for customers to identify the unique details of the first small behavioral steps that gradually lead to a viable solution in the context of their daily lives. Here's an example of the miracle question: T: I'll ask you a rather strange question . . . What's a little imagination on your part . . . do you have a good imagination. C: I think so, I'll do my best. T: Good. The strange question is this; After we talk, you go home (go back to work), and you still have a lot of work to do for the rest of today (usual to-do list here). And it's time to go to bed . . . and everyone in your household is asleep and the house is very quiet . . . and in the middle of the night, there is a miracle and the problem that led you to talk to me is all solved. But because it happens when you sleep, you have no idea that there was a miracle and the problems are solved . . . so when you slowly get out of your sound sleep . . . what would be the first little sign that will make you wonder . . . there must have been a miracle ... The problem is gone! How would you find out? C: I guess I want to get up and face the day, instead of wanting to cover my head under the blanket and just hide in it. T: Suppose you do, get up and face the day, what would be the little thing you would do that you didn't do this morning? C: I guess I'll say hello to my kids in a cheerful voice, instead of yelling at them like I do now. T: What would your children do in response to your happy hello? C: They will be surprised at first to hear me speak to them in a joyful voice, then they will calm down, be relaxed. It's been a long time since that happened. T: So what would you do when you didn't do it this morning? C: I'm going to break a joke and put them in a better mood. These small steps become the building blocks of a completely different type of day that clients can begin to implement some of the behavioural changes they have just considered. Most clients visibly change in their behavior and some even burst into the smile as they describe their solutions in the context of the miracle question. The next step is to invite clients to identify the most recent moments when some aspects (even the smallest pieces) of their miracle description (exceptions) have experienced and invite them to experiment with the reproduction of these in the context of their daily lives. Scaling questions Scale questions allow the client and the therapist to simultaneously assess the client's situation, identify their current distance from the goal, what it will be to maintain their current level of progress and move forward. Clients may be asked to assess their level of motivation, confidence, as well as identify what specifically helps them move up the ladder in line with their goal, best hope, or ». The couple in the following example asked for help in deciding whether their marriage can survive or whether they should divorce. They said they fought for 10 years of their 20-year marriage and could no longer fight. T: Since you both know your better than anyone, suppose I ask you that way. On a number of 1 to 10, where 10 means you have every confidence that this marriage will do it and 1 means the opposite, that we might as well go away right now and it's not going to work. What number would you give to your wedding? (After a break, the husband speaks first.) H: I'd give it a 7. (the woman flinches as she hears this) T: (To the woman) What about you? What number would you give him? W: (She's been thinking about it for a long time) I'd say I'm at 1.1. T: (Surprised) So, what makes it a 1.1? W: I guess it's because we're both here tonight. It's at least a start. The Question Miracle 10 A hybrid of the miracle question and scaling, the miracle question 10 is formulated as follows: Imagine a scale of 0-10 in which 10 represents that you have now fully achieved your goal and 0 represents exactly the opposite. Suppose tonight, while you sleep something's quarters at night and when you wake up tomorrow, you're suddenly at a 10. But since you were sleeping when it happened, you don't realize it at first. What will be the first differences that you or the people around you start noticing about you starting to give you (and/or them) the idea that something has changed, that in fact you are a 10 now? Adaptation Questions This question is a powerful reminder that all customers engage in many useful things, even in times of overwhelming hardship. Even in the midst of despair, many clients manage to get out of bed, get dressed, feed their children and do many other things that require significant effort. Adaptation questions such as How did you manage to continue? or How did you manage to prevent things from getting worse? open up another way of seeing the client's resilience and determination. Pause consultation and invitation to add other therapists focused on the information solution traditionally take a brief break from consultation during the second half of each therapy session during which the therapist carefully reflects on what happened in the session. Some time before the break, the client is asked, Is there something I didn't ask that you think it would be important for me to know? During the break, the therapist and a team carefully reflect on everything that happened during the session. Afterwards, the client is complimented and usually offers a therapeutic message based on the client's stated goal. Usually, this takes the form of an invitation for customers to observe and with behaviours that help maintain or lead to other positive movements in the direction of their identified goal. Research Results Short solution-based therapy is an evidence-based approach to psychotherapy. There have been nearly 150 randomized clinical control studies with different populations of countries, almost all of which have positive benefits from the SFBT. There were also eight meta-analyses on a range of results studies of an overall effect size ranging from small to large populations, for children, adolescents and adults, to present problems such as depression, stress, anxiety, behavioural problems, parenting, and psychosocial and interpersonal problems (Kim et al., 2010; 2019). Click here to learn more about SFBT research. Suggested readings and references Berg, I.K. and Dolan, Y. (2001). Solutions Tales: A collection of inspiring stories of hope. New York: W.W. Norton. Berg, I. K., and de Shazer, S. (1993). Making the numbers speak: Language in therapy. In S. Friedman (Ed.), The new language of change: Constructive collaboration in psychotherapy. New York: Guilford. De Jong, P., and Berg, I. K. (2012). Interview to find solutions. Nelson Education. By Shazer, P. (1984). 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