

SFGT—5. Scaling Questions

“Depth is not synonymous with truth.” unknown

Scale of 1-10

On a scale of 1-10, where 1 is your gambling problem when it's at it's worst, and 10 stands for when the problem is gone, where would you say you are today?

“A 3 or 4”.

“A 4?! This is good. How did you do that?”

Where do you want/need to be?

What will help you move up one point?

You chose 4, why not 2?

Use scaling question to help realize he/she is already making progress

ex. You intentionally left your credit card at home yesterday. Where does that put you on the scale?

SFGT—5. Scaling Questions

- Can measure confidence, progress towards goals, instill hopefulness and motivation
- Makes vague concepts more concrete
- Can direct the individual's attention to the significant people in his/her life
- What tells you that you're at a 4?
- How is your life different at 4 compared to a 1 or 2?
- How long have you been at 4?
- These answers can be given without revealing what the problem is if this is a group of individuals with a variety of primary issues

Scaling Questions

- ◆ What tells you that you are at 6?
- ◆ What would it take to move 1 point higher?
- ◆ How long did it take you to get to 6?
- ◆ What do you need to do to keep your 6?
- ◆ How come it's not -1 ?

The Scale Framework

- Points to Mark
 -
 - 10-- The perfect solution
 - |
 - |
 - 7—A good but realistic outcome
 - |
 - |
 - aspects
 - |
 - 3—Where the client is now
 - |
 - doing to
 - |
 - |
 - 0—The worst scenario
- What to explore:
- The miracle question as a means to encourage creative thinking
- A realistic description of the client getting on with his/her life without the problem interfering too much. The more concrete and realistic the better, since it is the small, mundane of living that go together to make a good-enough life
- Everything the client is doing that has helped him or her reach this point on the scale and/or everything he/she is prevent matters getting worse
- Best not to go into detail

SFGT—6. Goal Setting

- Goal setting helps individuals see progress towards their preferred outcomes.
- Goals should be small and as specific as the individual wants
- Break down goals into smaller, more concrete steps
- Begin to see realistic, achievable goals that move toward greater goal(s)

SFBT—6. Goal Setting

“Sometimes therapy becomes a slippery business. It’s like nailing jello to a tree. So it would help us if we pin down a specific goal.” Bill O’Hanlon

- List one or more resources that will help to reach the goal
- Integrate scaling to see progress in meeting goals
- Mandated clients usually have at least one common goal—to get out of treatment as soon as possible
- Individuals are able to hold one another accountable in a supportive yet challenging setting
- Maintain a focus on what can be done immediately to address the individual’s problem

SFBT—6. Goal Setting

- What does the individual want different in the future
- Set goals then,
 - Focus on exceptions related to the goals;
 - Scaling questions help identify how close the individual is to their goals/solutions;
 - Then useful questions to reach the preferred future

SFGT—Goal Setting

“A goal without a date is just a dream.” Erikson

- What is the individual’s desirable state of being? What would be a better life?
 - It is easy to assume that all individuals know what they want
 - Might consider goals in vague terms or the absolute absence of the problem
 - Need more precise definition of the goal
 - The goal should be stated as the presence of something, not the absence of the problem
 - The beginning of a solution rather than the ending of a problem
 - Goals need to provide opportunity for individuals to recognize signs they are moving toward mastery over the problem

SFGT 6--Goal Setting

“Sometimes simple is not so easy.” Insoo Kim Berg

- Ask the mandated individuals: “What would _____ see you doing or doing differently when _____ would say you didn’t need treatment any more?” What broad goals/changes individual wants for himself emerges (in addition to getting to getting out of treatment)
- For the voluntary individuals: “What would be different as a result of coming to therapy that it would be worth your time and expense?”
- Follow up with “How would that make a difference to you?”
- Individual begins to explain future picture—real goals will emerge

SFGT—7. Compliments

“I can live for 2 months on a good compliment.” Mark Twain

- Primary source of feedback/in session compliments/end of session compliments
- Assists in orienting towards resources, strengths and solutions
- Sincere compliments can help boost motivation and morale
 - “I like the way you think a moment before you speak.”—direct compliment

SFGT—7. Compliments

- If individual reports problem isn't getting better, ask coping question such as:
 - “How have you managed to prevent it from getting worse?”
 - An indirect compliment
- “How were you able to do that?”—”It’s just what I had to do.”
- What other good decisions do you make?

SFGT—7. Compliments

“Focused on anything the client did that worked” deShazer

- With all the difficulties you experience, how do you manage to ___?
- Lets individuals know the therapist/group members sees things their way
- Indirect compliments comes from another
- What would _____ say if they knew how hard you were working?
- What would _____ notice if you were able to stop gambling this week?
- Self compliments come from the client
- You did what?

SFGT—7. Compliments

- Coping questions can elicit compliments—usually asked at the beginning of therapy or early in the first sessions
- How did the individual manage to find solutions
- These questions may provide the counselor with information about previously used coping strategies
- Helps individuals see that their coping strategies are not appropriate and will not work forever

SFGT—7. Compliments

- Recall one compliment that you received as a child
- What influence has it had on your life?

- Compliment People,
- Magnify Their Strengths,
- Not Their Weaknesses

SFGT—8. Task Setting/Homework

- Therapist might suggest an experiment to try between sessions
- Based on something the individual is already doing that is moving toward their goal
- Task may be designed by individual
- Usually assign themselves either more of what has already worked or something they really want to do

SFGT—8. Task Setting/Homework

- Tied to their own solutions and goals
- When individual makes their own homework, task setting, it reduces the natural tendency to “resist”
- Next session, check on how the assignment went
- If it didn’t go well, what will you change?
- Not required for change

SFGT—8. Tasks/Homework

- Erikson's Crystal Ball—
- "I know it might feel it's impossible, but just imagine it's a year from now and life is better, what's it look like?"
- Thinking assignment:
 - Asked his clients to look into the future and see themselves as they want to be, problems solved, and then explain what had happened to cause the change to come about
- May be a "doing" task such as going to the gym instead of to the casino

SFGT—8. Task Setting/Homework

- HOW DID THE ASSIGNMENT GO?
- If it worked, the counselor compliments
- If they didn't do it, usually the counselor drops it or asks what the individual did instead that was better
- Assumed if not done:
 - Something got in the way of doing it—illness, work, etc
 - The individual didn't find the assignment helpful
 - Basically not relevant
- No fault is assigned

SFGT—Solution Building

- What has been working?
- Why isn't the problem worse?
 - For when the individual has the sense there are no solutions
- As soon as an example of a solution is discovered (and you won't discover it if you don't go looking for it), the next step is to get the details of HOW it came about. Not WHY.
 - What did you do to make the solution work?

SFGT—Relapses and Setbacks--Berg

- 5 step Model
 - 1. Positive attitude—direct attention to any period of managing the impulse or temptation to gamble (exceptions)
 - 2. Control—what led to the decision to discontinue gambling—implies the individual had control; the individual made the decision to stop gambling—control which can be expanded to gambling related situations
 - 3. Options—what did the individual do after exerting self control to walk away from gambling
 - 4. Differences—what was different about this relapse compared to the last one
 - 5. Lessons—what do you know about your gambling from this setback

3 Kinds of Relationships in Solution-Focused Therapy

- **Customer-type relationship:** client and therapist jointly identify a problem and a solution to work toward—behavior tasks
- **Non-compliant relationship:** a client who describes a problem, but is not able or willing to take an active role in constructing a solution—observational and thinking tasks
- **Visitors:** clients who come to therapy because someone else thinks they have a problem—our mandated individual—given no tasks, yet

Solution-Focused Interventions With “Visitors”

Maintain the position of “not knowing”

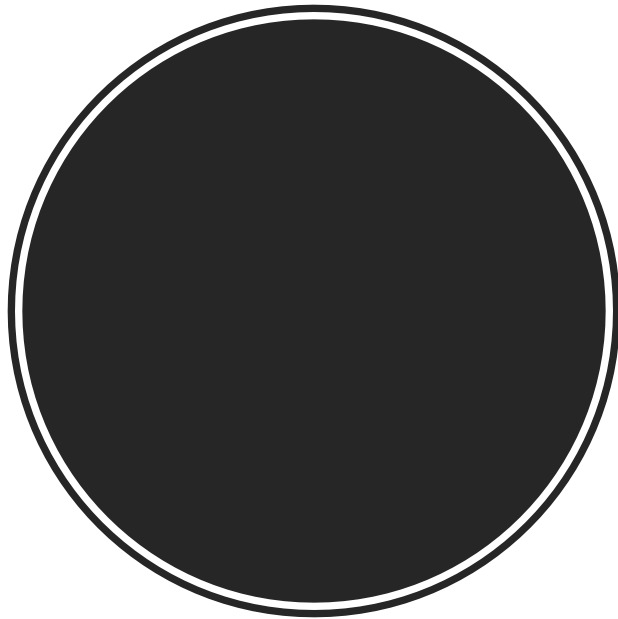
Agree with the client’s perceptions of the presenting situation

Listen for other people who are important to the client

Ask for the client’s perceptions of “best interest” and what he or she wants

Make sure non-negotiable requirements are clear

Give the client as much control of the intervention process as possible



Problems with gambling are seen as multidimensional, resulting most likely from a combination of factors both environmental & biological.



There is no one gambling problem but many different gambling problems. The sheer diversity of causative factors & problems resulting from problem gambling suggests that:

No one treatment methodology can help all people.

A diverse package of treatment strategies is needed.

Treatment strategies should be developed & matched to meet the needs of the individual clients

Criticisms of Solution Focused Interventions

The practice denies clients the opportunity to explore presenting problems in greater depth

Its encouragement of clients to "think positively" may induce denial or minimization of problems

Clients may feel discouraged from sharing important details or negative feelings about the presenting issue

SFT may create a false impression on young practitioners that intervention is relatively "easy" or straightforward

SFBT in Conjunction With Other Therapies

SFBT can be used with other therapies. One of the original and primary tenets of SFBT – **“If something is working, do more of it”** – suggests that therapists should encourage their clients to continue with other therapies & approaches that are helpful. For example, clients are encouraged to:

1. Continue to take prescribed medication
2. Stay in self-help groups if it is helping them to achieve their goals
3. Begin or continue family therapy.

Major Tenets of Solution-Focused Coaching

If it isn't broken,
don't fix it.

If it works,
do more of it.

If it's not working do
something different.


Small steps can lead to
big changes.

The solution is not
necessarily directly
related to the problem.

The language for
solution development
is different from that
needed to describe a
problem.

No problem happens
all the time; there is
always an exception
that can be utilized.

The future is both
created and
negotiable.



Where you stand determines what
you see and what you do not see;
it determines also the angle you
see it from; a change in where
you stand changes everything.

Steve de Shazer

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