ARTERA TERAPIAPALVELUT

Solution-Focused Sexual Therapy

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TABLE OF CONTENTS

SOLUTION-FOCUSED SEXUAL THERAPY

WHAT IS IT?

Solution-focused therapy is based on following three basic assumptions:

- **If it isn't broken, don't fix it.**
- **If it works, do more of it.**
- **If it is not working, do something different.**

  If it doesn't work, don't "try harder", rather stop

  doing it, and do (or view) something else (or differently).

Solution-focused approach emphasis on:

what the client is doing that is right;

what works and helps,

what the past has taught them,

on their strengths what they can already do.

Focusing for the client's strengths and future can led to the misconception that solution-focused therapists only concentrate on the means with which the problem will be solved fast and effectively, and that it is not at all allowed to deal with the clients past and problems. The problem of this moment can be examined from the past, but the starting point for the examination should be what the client could learn about it and which resources the client has used to get over his past problems rather than asking "why?"

Although the approach is called solution-focused it doesn´t mean that we can find solution to every problem in life. Solution-focused approach is not solution-forced! Sometimes we can´t change the facts, but the client can still find ways in which he can be empowered to manage his problems better. In solution-focused approach we believe that:

- **Change is inevitable, problems do not happen all the time.**

There are always exceptions, times when the problem does not occur or is less pronounced. By asking about these times the therapist can identify past exceptions that the client can utilize as resources for change.

- **Small steps can lead to big changes.**
- **A solution is not necessarily related to the problem.**
- **Solution language is different from problem language.**

The basic solution-focused belief is that problems are best solved by focusing on what is already working and how clients would like their lives to be, rather than focusing on the past and the origin of problems. It focuses on what works, while ignoring what does not work.

- **Since we can´t change the past we should focus on the future.**
- **The future is both created and negotiable.**

People are not locked into their past experience (e.g. sexual abuse), family history or psychological diagnosis. Of course clients are some way shaped by their doings and past (family, culture…) but beyond this, what kind of persons they want to become can be created and negotiated.

- **People have the strength, wisdom, and experience to effect change in their lives.**

Because the client (not the therapist) is the expert of his life the therapist try to find out what the client wants to have happen in his life.

SOLUTION-FOCUSED APPROACH CONSISTS OF CONVERSATIONS AND QUESTIONS

The Solution-Focused Questions are used to examine five areas of client's life: 1) What the client is hoping his future will look like, 2) what the client is doing and whether it is working for him, 3) how the client has coped in the past with his problems, 4) when there have been exceptions to the problems and 5) how the clients life will change when the problem doesn´t exist anymore.

Notice! Solution-focused therapist use words **when** or **will** instead for conditional word if**, because present and future oriented** language increases the client´s optimism, trust and hope for the better future. That is why solution-focused therapy is sometimes called "therapy of hope".

SO, IS IT JUST A QUESTIONING TECHNIQUE?

Absolutely NOT!
In Eve Lipchik´s and Insoo Kim Berg´s words*:*

"It is simple to learn, but difficult to practice because our old learning gets in the way. As good cooking is more than following a recipe a solution-focused approach is not only of certain strategies or techniques. Much more important than any questioning technique is the attitude and the way how you see your clients, the way we cooperate with them by assuming they want to do well, have or can develop a goal or goals, and have the capacity and personal resources to move towards them."

HOW DOES THE SOLUTION-FOCUSED SEXUAL THERAPY DIFFERS FROM `TRADITIONAL´ SOLUTION-FOCUSED THERAPY?

It is solution-focused therapy specialized for issues related to sexual matters. It is not only solution-focused psychotherapy or just sexual therapy, but it is both: psychotherapy and sexual therapy at the same time. At the beginning of the therapy process it is important to find out whether the client´s problems are physical (e.g. circulation, anatomy, disease…), psychological or both. If the client has physical problems, he should be also directed to meet a doctor. With psychological problems therapy progresses to the same solution-focused stages as usual, but the therapist may give information, instructions and propose tasks specific for sexual therapy.

ELECTIVE AND INTEGRATIVE APPROACH

Since one of the primary tenets of solution-focused approach is:
"If something is working, do more of it", solution-focused approach allows the therapist to use different working methods (such as: lifeline, family tree, creative writing, sexual anamnesis, picture collages, painting and drawing) and utilize different approaches very creatively within the main solution-focused principles.

STRUCTURE FOR THE FIRST SESSION

The first session is usually built on the following **Key Solution-Focused Interventions**:
Problem free talk→ Pre-session change→ Goal setting→ Exception seeking→ Competence seeking→ Miracle question→ Scaling questions→ Between session work(homework)

1 IT STARTS WITH THE PROBLEM FREE TALK

The basis for a good therapist-client relationship is to create a friendly and respectful therapy climate where the client can feel as relaxed and safe as possible. So called problem free talk consist of "small talk" like how did the client get to therapy, how was the traffic or how is the weather etc. Next step is to invite the client to talk about his feelings about therapy. (Lipchik 2002)

"Is this your first experience to therapy?"
"Is there anything you would like to know about what we are going to do here?"
"I understand that it can be uncomfortable and hard to talk about your troubles to a stranger... Is there anything I could do to make you feel more comfortable? "

2 PRE-SESSION CHANGE

Most of the clients are already engaged in constrictive actions before they seek for help, but usually they don't tell about these actions if the therapist don´t ask about them. At the beginning or early in the first therapy session, the solution-focused therapists usually ask:

"What changes have you noticed that have happened or started to happen since you called to make the appointment for this session?"

If the client answers that things have started to change or get better, the therapist can start "solution-talk" process by asking more details about the changes that have started:

"What has happen? What did you do? How did you do it?" etc.

"If these changes were to continue in this direction, is this the way you like it to be?"

If the client says that nothing has happened, the therapist can go on by asking e.g.:

"How can I be helpful to you today?"

"What are your best hopes for this session?"

"What would you like to achieve today?"

“What would need to happen today to make this a really useful session?”
"How will you know later that this meeting has been successful?"

- Sometimes the client may answer that things are about the same. In these situations the therapist might ask:

“Is it unusual, that things have not gone for the worse?”

3 Looking for previous solutions

People may have previously solved same kind of problems, but for some reason they have not continued this successful solution, or maybe they have forgot about it.
That´s why the therapist should ask if the problem has occurred before:

"Have you faced this sort of problem before?"

If Yes: "How did you deal with it?", "Was it helpful?"

If Yes: " What would need to happen for you to do it again?"

If No: "What have you learned from this experience?" and "What would you do differently now?"

Even if the client doesn´t have a previous solution attempting, most clients have some examples of exceptions to their problem: times when the problem could have occurred, but it did not. In these situations the therapist can ask what made the difference.
"In this situation you've described, what was different?"

4 And continues with Problem Definition and Goal setting

At the beginning of the sexual therapy meeting the therapist try to find out what is the problem, and is it physiological or physiological.

“What is your problem (now)?”

“How does it occur?”

“What are the symptoms?”

“When did it begin?”

“Have been to a doctor specialized in sexual problems?

5 Personification and Externalisation

If for an example a couple answers that their (physiological) problem is jealousy, the problem can be personified and externalisated by asking:
*"When **the Jealousy** came to your relationship?"*

*"How does **it** harm you lives?"*

"How will you know that Jealousy is solved?"

"How will you know that you don´t need these sessions anymore?" (What will be the signs that Jealousy has gone away?)

"What it means to you (your relationship, your children etc.) when Jealousy can't harm you anymore?"

"What will be different then?"
"What will you be doing instead of …?"
"What will it be like when Jealousy can't whisper in your ear anymore?"

"If this exception were to occur more often, would your goal be reached?"

6 Exception seeking

As Steve de Shazer said: "Whatever is happening when the complaint is not is the exception."

The therapist can continue process by asking externalising and exception seeking questions such as:
"Are there times when Jealousy couldn´t harm you so much?" or

"Are there times when Jealousy couldn't tell its lies to you?"

"What was different?"

The exception question reveals times when the problem did not exist, was easier to cope with, or was less difficult. Solution- focused therapists may ask questions such as:

"When did you get a good erection last time? What turns you on? How was it? What was different?"

Instead of asking: "What turned your erection off?"

7 Competence seeking

"How did you manage to beat the Jealousy that day?"
"What kind of qualities/resources did you draw on to defeat Jealousy that day?"

"How did you know it was a good idea to try it?"

"What did you learn from that and about yourself?"

"How has it changed your opinion about yourself?"

8 The Miracle Question

The Miracle Question helps clients to identify the existing solutions and recourses and it invites the client to co-construct a vision of a preferred future. The way you ask the Miracle Question can variable, one version of it could be: *"Is it ok? If I ask you maybe a little strange question?"*

"Suppose that one night (pause), while you are asleep, there is a miracle and the entire problem currently troubling you is solved (pause). However, because you are asleep you don't know that the miracle has already happened (pause). When you wake up in the morning, what will be different that will tell you that the miracle has taken place? What will be the first small sign? What else is different?" How will other people know that things are better? Who will notice first?" etc.

"Are there times when even a small part of this miracle is already happening? "

9 Scaling questions

Scaling can be used in any point in a session, but usually it comes after Miracle Question. The therapist can ask the client to evaluate on a scale from 0-10 or from 1-10, where 0 means when the problem is as bad as it could be and 10 means the day after the miracle.

"Where things are right now?"

"Where it was when things were the worst?"

"How come it´s now (3) and not (1), what has happen?"

"What have you done so far to get to 3?"

"How being in 3 is different than being in 1?"

"Where would you like to be?"

"What is different when you are in (7)?

"What needs to happen for you to move one small step further up?"

"How will you notice you are one point further up the scale?"

"What will you be doing differently then?

"Let's suppose a small miracle happens this night and you get to the next step up tomorrow. What's the smallest sign that will tell you that things are improving? "

The therapist can also ask how confident the client is to achieve his goal/the miracle*:*

"On a scale from one to 10 how confident you are about winning the battle against Jealousy?"

"What would make you a bit more confident?"

10 Between session work

In solution-focused therapy approach therapists frequently end the session by suggesting a possible experiment for the client to try between sessions **if they so choose**. These experiments are based on something the client is already doing (exceptions), thinking, feeling, etc. that is heading them in the direction of their goal. Alternately, homework is sometimes designed by the client. Both follow the basic philosophy that what emanates from the client is better than if it were to come from the therapist.
"If you were to give yourself a homework assignment this week, what would it be?"

"What would you like to see yourself doing differently between now and next time we meet?"

"Since you told me… May I suggest you to… Is this something you could try?"

STRUCTURE FOR SECOND AND SUBSEQUENT SESSIONS

At the start of each session after the first one, the therapist will usually ask about progress:
"So, what is better (even a little bit) since the last time we met?"

1 Progress scaling

"On a scale from 0-10 where are you today?"

2 Asking about differences since last time

The client may answer three different ways:
(a) Things have got better, (b) things have stayed the same, or (c) things have got worse.

If the scale goes up, the therapist asks about descriptions and details what is better and how the client was able to make the changes.

If things "have stayed the same," the therapist can ask: *"How did you keep it from getting worse?"*

If the client answers that things are now worse than before, the therapist may ask a coping question: "*How have you kept going so far? What else helps?"*

3 Compliments

The therapist may compliment the client during the session by punctuating (using the client's language and quoting his statements) what the client has done that is working. Showing what clients are already doing well and acknowledging how difficult their problems are encourages the client to change, and it also tells the client that the therapist is listening and understanding.

4 GENTLE CHECKING HOMEWORK ASSIGNMENTS AND NUDGING TO DO MORE OF WHAT IS WORKING

After compliments the therapist can gently nudge the client to do more of what has previously worked, or to do something else what, the client might like to try as "an experiment." Change ideas and assignments should be based on the client's previous solutions or exceptions, because these behaviors are familiar to the client.
"Homework" can also be an observing task:

"Between now and the next time we meet, I would like you to observe, so that you can describe to me next time, what happens in your life that you want to continue to have happen."

SOLUTION-FOCUSED APPROACH TO SEXUAL TRAUMA

Traditional trauma therapy approaches are based on the idea that due to the dissociation the trauma survivor is not connected with the past experience, and the therapist must help the client regress to the traumatic time and re-experience the event to be able to move on from it. Sometimes this belief, that client has to experience the trauma again can lead to therapy being one traumatic event more. In solution-focused approach the therapist allows the client to decide how important and helpful it might be to explore their past. (Darmody 2006, 129; 132.)

Traditionally trauma therapists ask: "How did this sexual violence experience affect you?" This question implies that the event had an influence on the client which was out of his control, and which continues to affect his present life (Wade 1997). Victims of sexual violence feel very often ashamed and guilty that they have let things happen without resisting the abuser. Wade points out that whenever people are treated badly, they resist. In many cases quiet and passive role has been the only way to survive, but also in these cases, the victim has resisted the assault in his mind.

> *"I propose here that any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance."* (Wade 1997, 25.)

In this **Response-based therapy approach**, the client is viewed as an "agent" who has the capability to respond to an act, rather than a passive "object" that is "acted upon. " Wade recommends the therapists to ask: *"How did you respond to those experiences?"* or *"What did you do then?"*

According to Wade, changing the question can lead the client to realize that he can control and choose to respond to what happened in a different way. Dolan (1991; 2000) points out that it is important that clients not only resolve past sexual abuse but also form a clear map of functional behaviors and perceptions to replace trauma-based ones.

In solution-focused therapy clients should not be labeled as victims or survivors, but they should be seen as people who have faced violence. And this is why solution-focused therapists are more interested in how the client has managed to cope and what he has achieved **despite the traumatic events** he has suffered. Rather than obsessively going over the traumatic events of the past the client is guided to notice signs of improvement, to identify actions and words that are helpful, and to do more of what works.

NARRATIVE APPROACH

In narrative approach we believe a person's identity is formed by our experiences or narratives. There are many stories occurring at the same time and different stories can be told about the same events (Morgan 2000).
At the beginning of the therapy process therapists many times hear stories about the problems and the meanings that clients have been reached about them. Narrative therapists call these problem stories **'thin descriptions'.** When telling thin descriptions clients pick up certain events to tell, if they fit with "the dominant problem-saturated story" and other events, not fitting to the problem story, remained untold and unrecognized. Thin description often leads to **thin conclusions** about people's identities. Narrative therapists are interested in conversations that seek out **alternative** and powerful and detailed **"rich stories".** (Morgan 2000.)

All of us revise our history, but every retelling of the story changes and reshapes it a little bit. This ability and willingness to rewrite our life stories makes it possible to shape, reshape, renegotiate, and change relationships in our lives (Berg & Dolan 2001). In dialogue with the therapist, the client can create a new problem-free language as he moves toward creating a new powerful life story of himself.

EXTERNALISING: THE PERSON IS NEVER THE PROBLEM; THE PROBLEM IS THE PROBLEM!

Externalising is a method developed by Michael White and David Epsten. They found out that people are many times seen labeled by problems and diagnoses as these problems were part of their identity. In narrative approach therapists use externalising conversations to separate the person from the problem (Morgan 2005).

How to do it?

1) Find a name for the problem,

"If this problem was a person how you would call it?

"What name you could give to this problem?"

2) Personify and externalise the problem as it was a real person,

"When Jealousy whispers in your ear, do you always listen?"

3) Find out how the problem has dominated, disrupted, or undermined the client life or relationships,

"When has Jealousy invited you to do something you regretted later?"

4) Find moments when things went better or different in regard to the problem,

"Tell me about times when you haven´t believed what the lies Jealousy has told you?"

5) Use these moments of choice or success as a gateway to alternate stories of identity,

"What qualities do you think you possess that give you the strength to oppose Jealousy that way?"

6) Find evidence from the clients past that supports the valuated story,

"What your best friend would say if she could hear you talk about your victories over Jealousy?"

7) Get the client to speculate about a future that comes out of the valued story,

"As you continue to stand up to Jealousy, what do you think will be different about the future, compared to the future Jealousy had planned to you?"

8) Develop a social sense of the valued story. (O´Hanlon & Rowan 2003, 40-51.)

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