

# **MI & SFBT:**

## *Starting from What's Already There - Having a Competency Worldview*

Safer Society Foundation



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(2<sup>nd</sup> edition coming late 2024!)



## ***Introductions***

\*Tell me one thing you know about SFBT and about MI

\*Tell me a little about yourselves!





# Agenda

- A bit of History & Research
- SFBT Basics | MI Basics
- Definitions
- Watching SFBT
- Live Demos
- Q&A/Wrap up



## **New Glasses:** Shifting f/ problem focused to solution focused

- Look around and notice at least 5 objects that are beige. Before you say them, quickly name the blue objects in your room. You'll likely not be able to or you'll only be able to name a couple of blue objects. You'll also probably need to take another look around before naming any blue objects.

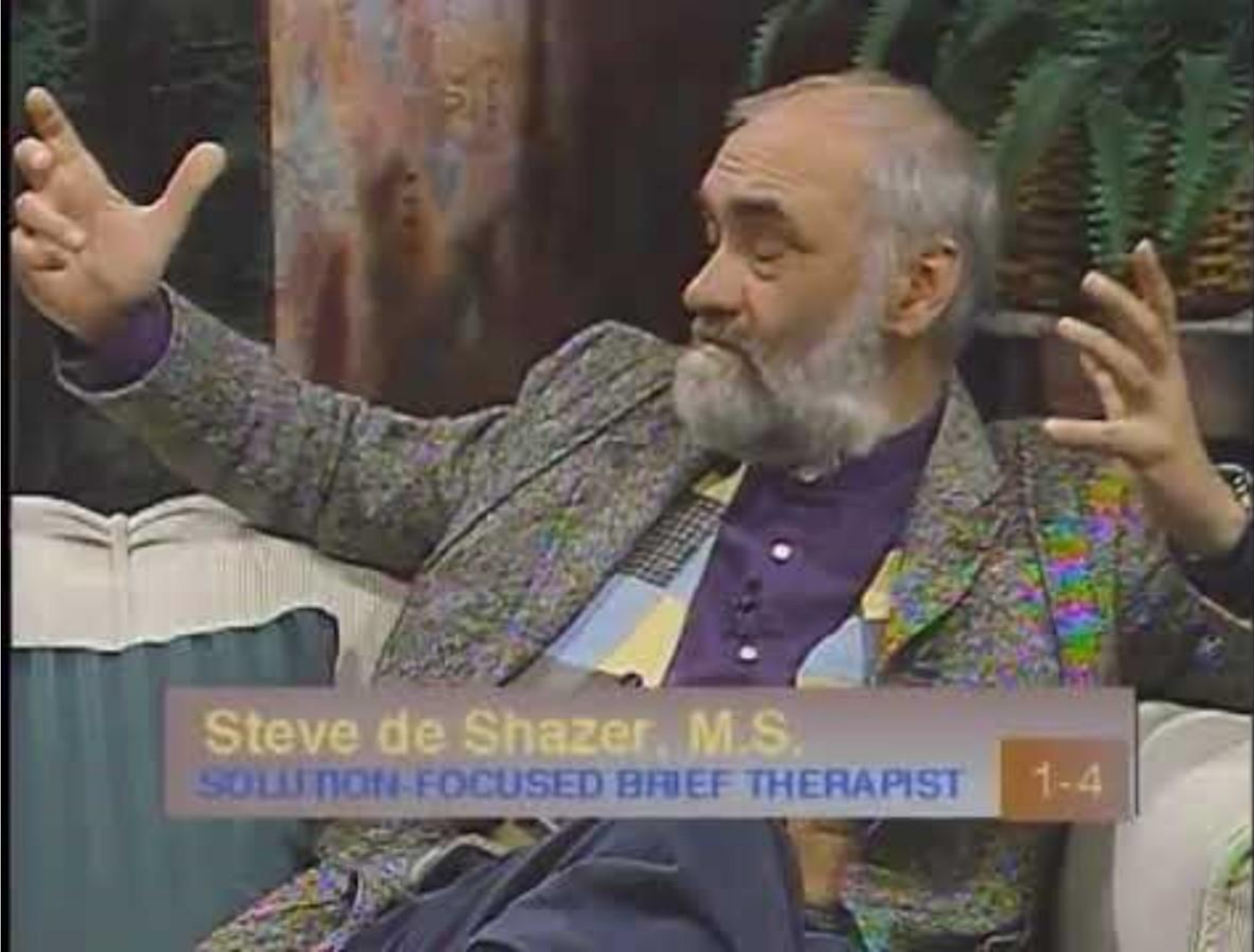
This is how things look to your client: beige – and they do NOT want beige! By asking them to describe in detail what they do want (ie, blue), to talk of where/when there's already a bit of blue in their lives, of signs of the possibility of more blue coming, we shift the focus from beige to blue as an alternative for them.

# SFBT/SFT: Basics

- Developed by Steve de Shazer, Insoo Kim Berg, and the team at the Brief Family Therapy Center of Milwaukee, Wisconsin, in mid-1980's (closed 12.15.2007 after the sudden death of Insoo Kim Berg)
- Short-term, goal-focused. practical approach
- Present & future focused
- Works w/client strengths (confidence) & resources
- Focuses on building solutions v solving problems
- Not a specific therapy for “disorders”
  - A way of helping all kind of clients achieve their own goals
  - Clinical skills are curiosity & humility

## But Don't Therapists Have the Solution?

Why send folks on a journey that can be fraught with danger and has the potential for failure? Wouldn't it be easier & more efficient to just point out the best solutions? Sure but it doesn't work. Remember when the Wizard flies off in his hot air balloon, leaving Dorothy in Kansas, dejected? And Glenda the Good Witch shows up and tells her she's always had the power to go home? Just click your heels 3x and say, "there's no place like home, there's no place like home, there's no place like home." The characters each chastise themselves for not knowing this information to give Dorothy long ago & then get angry with Glenda for not sharing this information earlier, to help Dorothy avoid all the pain and trauma of this journey: "Why didn't you tell her long ago she had the power to return home?" Glenda once again interjects, saying, "Because she wouldn't have believed me....*she had to learn it for herself.*" (p69-70, *The Miracle Method*)



Steve de Shazer, M.S.

SOLUTION-FOCUSED BRIEF THERAPIST

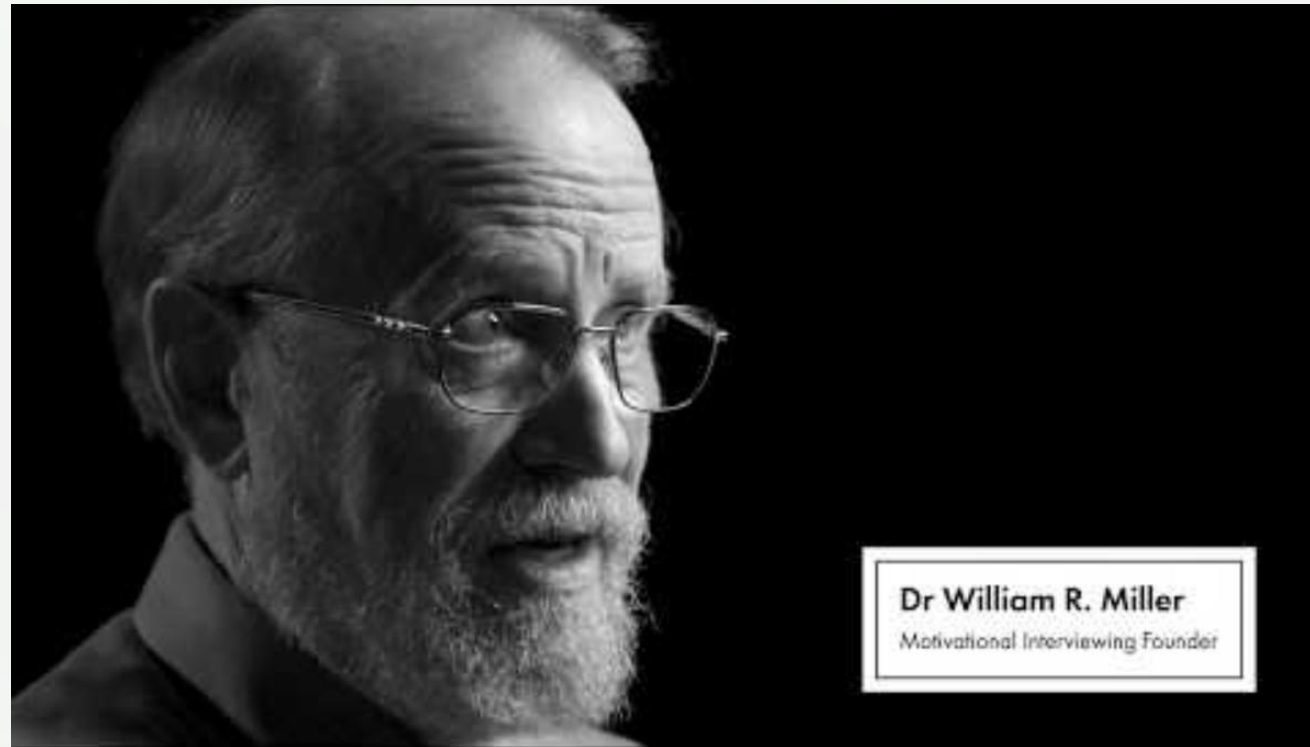
1-4

# MI: Basics

- Developed by Bill Miller in 1982 then Steve Rollnick joined in the early 1990's
- Began as a short-term, goal-focused, practical approach
- A conversational method to evoke client strengths (confidence) & resources toward change
- Focuses on resolving ambivalence & guiding a client towards change
  - A way of helping all kind of clients achieve their own goals
  - Clinical skills are based in centering the client/person, being curious & practicing cultural humility/sensitivity



# Motivational Interviewing



# SFBT: Early Research

- 0 controlled studies by 1<sup>st</sup> generation
- More study needed
- Not rigorous enough for APA

## **What's changed?**

- Now APA calls SFBT an evidence-based method
- APA offers a Solution-Focused Therapy course
- APA also cites Solution-Focused Brief Therapy in the 7th edition of its Publication Manual

# SFBT: Research

- Over 150 randomized clinical trials (RCTs) most of it in the past 15 years
- 8 meta-analyses & many systematic reviews conclude SFBT is an effective approach for treating psychological problems
  - Effect sizes similar to other evidenced-based approaches, such as Cognitive Behavior Therapy (Gingerich, Kim, and MacDonald, 2012; Kim et al, 2019; Trepper & Franklin, 2012).
  - Gingerich, W. J., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. Family Process, 39, 477-498. [wally@gingerich.net](mailto:wally@gingerich.net) for a copy.
  - Neipp, M-C., & Beyebach, M. (2022 online/2024 print). The Global Outcomes of Solution Focused Brief Therapy: A Revision. The American Journal of Family Therapy, v52, 110-127.

Note: for a complete review of the scope of research in SFBT, see Kim, Smock, Trepper, McCollum, and Franklin, 2010; and Kim, Jordan, Franklin, and Froerer, 2019.

# SFBT: More Research

- Has shown to be an effective intervention for substance use disorders (Kim, Brook, and Akin 2018; Smock et al, 2008)
- Domestic violence/IPV (McCollum, Stith, and Thomsen, 2011)
- Burn victims (Wang, Xiaomin, Yufeng, and Jinxing, 2016)
- Depression (Habibi, Ghaderi, Abedini, and Jamshidnejad, 2016)
- Recently found to be as effective as other evidence-based approaches (Kim et al, 2018) w/parents of children w/trauma-related problems & substance use disorder who have children in the child welfare system

# Brief Summary of Research -1\*

- There have been approximately 150 randomized clinical trials with SFBT (RCTs, the “gold standard” of clinical research)
- There are been eight meta-analyses on the effectiveness of SFBT
- Effect-sizes found in these meta-analyses are in the low to high range, suggesting that SFBT is an effective approach for the populations studied
- The research was done with a variety of clinical populations and presenting problems, and was done in “real world” settings, so the results are more generalizable
- SFBT’s effectiveness is equivalent to or greater than other evidence-based practices, such as Cognitive-Behavior Therapy and Interpersonal Psychotherapy
- While effect sizes are similar to other evidence-based approaches, these effects are attained in fewer sessions, averaging about five sessions and rarely extending over eight or ten
- Process research shows that the language mechanisms underlying SFBT is different from other approaches with which it is sometimes compared

\*<https://solutionfocused.net>

# Brief Summary of Research - 2

- 251 published outcome studies (as of 2022)
  - Superior to control groups...in almost 9 out of 10 studies
  - Only 91 randomized controlled trials (RCTs) & SFBT still found superior in 7 out of 10
- Research: lasting change in fewer than 5 sessions & in up to 83% of referrals (few CTs)
  - *Research on Solution-Focused Brief Therapy (SFBT) is generally positive, with 86.3% of 251 studies finding positive outcomes. SFBT has been shown to be superior to control groups in 94.1% of comparisons with no-treatment groups, 100% of comparisons with waitlist and placebo controls, and 88.4% of comparisons with TAU.* The Global Outcomes of Solution-Focused Brief Therapy: A Revision; Marie-Carmen Neipp & Mark Beyebach; Pages 110-127 | Received 12 Jan 2022, Accepted 19 Apr 2022, Published online: 09 May 2022

# SFBT/SFT: Basics

- Believes elements of client's desired solution are already present in their life
- Believes change is constant
- Clinician intervenes only when necessary
  - Treatment typically less than 6 sessions

## Question examples:

- *What do you want to be different?*
  - *How would you get there?*
  - *What would it look like?*

# SFBT/SFT: Basics

- No intrinsic need to know & understand the problem
- Knowing what to do next is more helpful than knowing why what you did yesterday didn't work
- No one is perfect; therefore no one can do their problem perfectly all the time
- There are always exceptions that contain the seeds of alternative ways forward



# SFBT/SFT: Basics

- Collaborative

- Makes it well suited to work in various cultural contexts
- Able to intervene w/various cultures & other specific communities

(Kim, Citation2013; Ouer, Citation2016)

- Active

- Sees importance of Change Talk

- Pragmatic

- Systematic

- Observation & listening to language of the client

# ***The Miracle Method's*** **Ready Reference**

- No single approach works for everyone
- There are many possible solutions
- The solution and the problem are not necessarily related
- The simplest and least invasive approach is frequently the best medicine
- People can and do get better quickly
- Change is happening all the time
- Focus on strengths and resources rather than weaknesses and deficits
- Focus on the future rather than the past



**What have you noticed so far?**

# How We Do It

- Spend less time on the cause of concern
- Find exceptions to the problem or concern
- Create expectations of change
- Focused on now & future, what can be changed (a la The Serenity Prayer)
- Scaling
- The Miracle Question
- Reframing problem in positive ways
- Affirmation (or compliments)
- Focus on therapeutic alliance
- Believe in pretreatment effect & discuss this w/client or patient

# How Do We Talk About a Problem?



# What to do with the Problem Talk\*?

**How have you been able to become  
the person that you are today?**

- The Hero Story & the Problem Story are the same
- Depends on how you (the helper) hear it
  - *Hear heroes when you hear tragedy! How can you hear a hero without hearing the challenges or the problems? (you can't!) ...Elliot Connie*

\*Sustain Talk

# Questions, Questions, Questions

- **The Miracle Question**

*Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved?*

...(de Shazer, 1988)

# Questions, Questions, Questions

- **Presupposing Change**

“What stopped complete disaster from occurring?”

“How did you avoid falling apart.”

“What kept you from unraveling?”



# Questions, Questions, Questions

- **Exceptions**

1. Tell me about times when you don't get angry
2. Tell me about times you felt the happiest
3. When was the last time that you feel you had a better day?
4. When was a time you felt happy in your relationship?
5. What was it about that day that made it a better day?
6. Think of a time when the problem was not present in your life. What was different then?

# Questions, Questions, Questions

- **Scaling**

An example of a scaling question:

*On a scale of 1-10, with 10 representing the best it can be and one the worst, where would you say you are today?*

A follow-up question:

*Why a four and not a five?*

**How would we do this differently in MI?**

# Questions, Questions, Questions

## Coping

- How have you managed so far?  
What have you done to stay afloat?  
What's working?

## **SFBT can be used successfully with:**

- Stress, depression, anxiety, sleep troubles, alcohol and other drug challenges, relationship difficulties with children and/or partners, histories of abuse & oppression, pain management, mental illness (except possibly schizophrenia, psychosis, borderline personality disorder) and work-related concerns
- Eating disorders, (anger) rage management, communication struggles, crisis intervention, incarceration recidivism reduction

A green neon sign spelling the word "BREAK" in a bold, sans-serif font. The sign is mounted on a dark, textured brick wall. The background of the entire image is a close-up of large, vibrant green leaves.

BREAK



**So let's try some SFBT & MI!**



# **Scenario #1:**

From *1001 Solution -Focused Questions*, 2nd Ed (2010) by F. Bannink

# Scenario #1

Client is a 35 yo man with Western European & African heritage who successfully completed treatment for Alcohol Use Disorder (AUD) recently. As a result, he had been abstinent approx. 6 months when his partner informed him he (partner) has been offered a new job which would require moving from the state. Client states this distressed him greatly since he's just begun a new position here with a tech company he's wanted to work with for a long time. Further he states that he's also still adjusting to life without alcohol and working on healthier ways to cope with the stressors in his life which led to a recent night of excessive drinking. Client also states that his partner "appeared disappointed" that he was drinking when he returned home that night. They argued "a bit" as a result. Now, client is worried about the future with his partner as well as questioning his decision to abstain from alcohol completely as well as his lapse into excessive drinking.



# **Solution-Focused Brief Therapy uses:**

- Open questions
- Affirmations/Positive Comments/Compliments
- Reflections
- Summaries
- Consulting Break\*
- Team Approach\*

# Goals of SFBT

- Seek exceptions
- Gain confidence
- Goal setting

Solution = Exceptions + client strengths

# Setting Goals

- Concrete
- Specific
- Small and achievable

# Achieving Goals/ Building Confidence

- Exceptions or Differencing
- Miracle Question
- Scaling
- Discussing past successes

# Exceptions & Differencing

- What's different when the problem doesn't happen?
- Tell me about times when you don't have this problem. What's different?
  - What else?
  - Who would be with you?
  - When does this happen?
  - Where are you?

# **Better is Better**

i.e., “If things were to be just 5% better, what would that look like/how would they be?”

# **SFBT: Beginnings** (Goals)

- What are your best hopes from this work?
- What would your day-to-day life look like if these hopes were realized?
- What are you already doing and/or have done in the past that might contribute to these hopes being realized?
- How will you know when our work is done?

## **SFBT in Session (Goal):**

- "What are your best hopes from this meeting?"
  - "I would like to have a better relationship with my children"
  - "To get you out of my life!"

**Both are equally motivated**



**"So if this meeting helped to get us/me out of your life, would that mean it had been useful?"**

*Let's imagine that this begins to happen – you begin to get on with your life as a person, as a parent, in a way that is totally right for you and also okay for 'the authorities.' What do you think you'll start to see that would be different?*

## **Like MI, SFBT is...**

- Collaborative
- Focused on expertise of the client
- Sees client as strong, competent, courageous

# **It asks, “What’s already working?”**

- Looks for hidden resources
  - The more problems a client has had to face & survive, the more hidden resources they are likely to have
- Preferencing v problems

# What's Better?

- Ask “So, what’s better today?”
- Note all the improvements:
  - What did the client do to achieve them?
  - What difference are these improvements making in other areas of their life?
  - How will the client know that things are continuing to improve?

## **In SFBT...**

- 1st session is always seen as potentially the last
- Average number of sessions is between 4-5
  - Most common number of sessions is 1
- 80% of clients report lasting improvement

# Elliott Connie & Anne Francis: The Solution Focused Universe

- *What would you like (to feel, etc) **instead?***



# Reflections

- Reframing
- Paraphrasing
  - SFBT uses the client's language only
    - Wants to privilege/center the client's words to demonstrate that they are the experts (Teri Pichot, Denver Center for SFBT)
  - MI changes it
    - MI adds or exaggerates to find both sides to the room
    - Also, MI uses reflections to get deeper, explore other words that may align with the client or even challenge them
- **Paradox or Siding w/the Negative**

# SFBT with Other Methods

- If these antidepressants work, how will you know? What will be the first sign that your mood is lifting?
- It sounds as though you have had a terrible time – what do you think has enabled you to cope with such courage?
- If we were to begin reducing your medication, what do you think will tell us we are going at the right pace?



# Some Similarities Redux

- Goals
- Change Talk (future!)
- Fast
- Confidence
- Collaborative
- Solutions are within, not without

# MI & SFBT

- Looking ahead
- Elaborating
- Reflections
- Affirmations
- Scaling

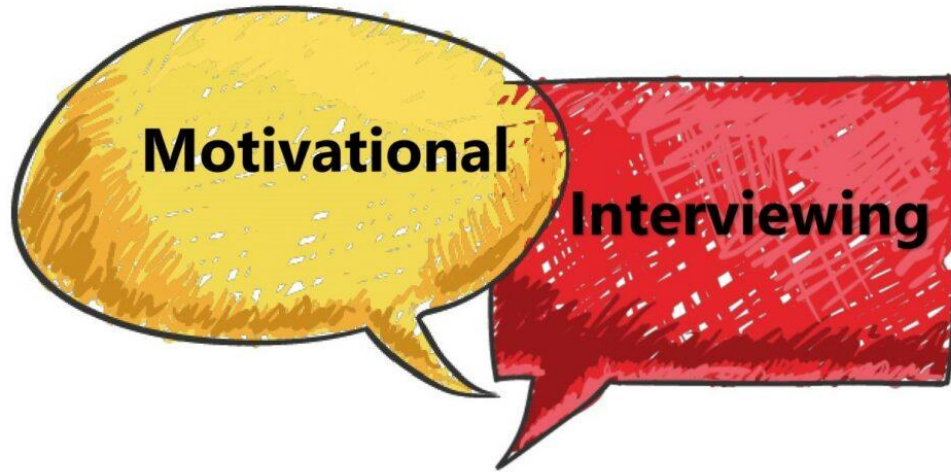
# What's next? *Outcomes!*

- **PCOMS** / *Partners for Change Outcome Management System* (evidence-based!):  
Barry Duncan, PsyD., Founder of <https://betteroutcomesnow.com/>
- **FIT** / *Feedback-Informed Treatment*:  
Scott D. Miller, PhD, Founder of ICCE  
<https://www.scottdmiller.com/>



# Remember...

- Look for the exceptions
- Help folx get what *they* want
- Stay in the present & future as much as realistic
- Don't avoid Problem Talk, just turn into it
- Believe in your skills & what intervention you're using:  
***authenticity is crucial in any method being helpful***
- SFBT & MI may very well help us avoid burnout, feel better about our work & clients



## **MI & SFBT**

What will you notice first  
after trying  
***SFBT with MI?***



*MI is a way of being  
with people & that  
way must be of love.  
It is love & profound  
respect that are the  
music in motivational  
interviewing, without  
which the words are  
empty.*

---Bill Miller, 2000



## END NOTES

- *People don't care how much you know until they first know how much you care.*  
--Pres. Theodore Roosevelt?
- *No one has ever hated themselves into being a better f—ing person*  
-----*Vinny Ferraro, Dharma Punx*



***Thank you!***

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