

Solution-focused couple therapy

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Even if literature on solution-focused therapy (SFT) is abundant only one book to my knowledge has been published specifically on solution-focused couple therapy (Connie 2012). I have written this article to provide brief answers some of common questions that students of SFT often ask about using the method with couples.

Is SFT suitable when the client is a couple?

SFT is suitable not only for working with individuals (adults, teens and children), but also for working with couples, families and groups of people. SFT is commonly used for helping clients who suffer from psychological problems (e.g. anxiety, depression or addiction), but it can be equally used in helping clients to deal with conflicts and other relationship problems.

SFT was developed on the foundation the brief therapy approach that was invented in the 70s in Mental Research Institute in Palo Alto by a group of researchers who were inspired by the legendary American psychiatrist Milton Erickson. In contrast to most other approaches of psychotherapy – which tend to focus on what happens within the minds of individuals – the brief therapy approach that was developed in MRI focuses on *interaction* – on what happens between people. With its roots in interactional rather than individual psychology, SFT is particularly suitable for helping clients struggling with issues concerning their relationships.

How does SFT differ from other forms of couple therapy?

Contrary to many other approaches, it is not based on any psychological theory or explanatory ideas of what causes the problems that couples have in their relationship, nor does it contain any preconceived ideas how problems should be solved. Instead, it offers a framework for conducting useful and constructive conversations that are likely to help clients recognize their resources and figure out their own unique solutions to their unique problems.

How to use SFT with couples?

SFT is used with couples in much the same way that it is used with individuals. The tools are the same. The therapist explores strengths, enquires about coping, highlights progress already made, asks detailed future-oriented questions, presents scaling questions etc. If you are familiar with solution-focused interviewing tools, it will not be difficult for you to see that the SF tools that you are already familiar with can easily be applied to working with couples.

How many sessions are needed for SF couple therapy?

SFT is a brief therapy method, but unlike some other brief therapy approaches, it is not a *time-limited* therapy; that is, the number of sessions is not agreed upon ahead of time. The aim is to help the client in as few sessions as possible and it is up to clients to decide when they feel that they are done.

How to start a SF session with a couple?

When couples come to therapy, they are often under the assumption that for the therapist to be able to help them, the therapist needs detailed information about their problems. Therefore, clients are often keen to provide the therapist with detailed information about their problems.

It is the task of the therapist to steer the conversation and to ensure that the time available is not spent entirely on talking about problems but also on what could be called “solution-talk”. This can be done several different ways. Here are some examples.

1. Start the session with strength-talk

Take control of how the first session with your clients starts and reserve the first part of the session to talking about things that the partners appreciate about each other or things that are going well in the relationship. This way of starting the conversation generates a pleasant and respectful atmosphere for the entire session, diminishes problem-talk and paves the way for solution-talk.

Here are some examples of questions that you can use to engage your clients in resource-talk.

- What are you happy with about your relationship?
- What do you enjoy doing together?
- What have you accomplished together?
- What do you like, appreciate or love about each other?
- What have you learned from each other?
- In what ways do you improve the quality of each other’s lives?
- What good things do you think other people would say about your relationship?

2. Start the session by inquiring about desired outcome

Avoid problem-talk by asking the couple to tell you their goals (rather than their problems). You can ask, for example,

“Suppose this conversation will be useful for you, what will be different?”

“How will you know, in the near future, that this has been helpful to you?”

“Who will be the first one to notice that this conversation has benefitted you? What will they notice?”

3. Help the couple convert their problems into goals

One of the key ideas of SFT is the assumption that behind every problem (or undesired state of affairs) there is a goal (desired state of affairs) to be achieved. If the couple insists on telling you all their problems, you can allow them to do it, but instead of asking more questions about each problem, you help them to convert each of their problems or complaints into a positive goal. In other words, you can help your clients redefine their problems as goals, and once all the problems have been redefined as goals, you can ask the client to decide which one of the goals they prefer to focus on in the subsequent conversation with you.

4. *Focus on progress the couple has already made*

Surprisingly often, if the therapist specifically asks about it, clients report that they have made some progress before coming to the first session. They may have had a good talk, they may have spent some quality time together, or they may even have found some solutions to their problems. When this is the case, the therapist can focus on these positive changes and ask questions concerning them.

“What positive changes have you noticed?”

“What have you done to make those things happen?”

“What has your partner done to make those things happen?”

“What can you do to keep up and to foster those positive changes?”

This approach is based on the observation that it is easier for people to solve their problems by continuing to do more of something that they have done that has proven useful than by having to do start doing something altogether new.

5. *Engage the couple in an imaginary follow-up conversation*

An exciting way to start the session in a solution-focused manner is to invite the couple to imagine that you are meeting them again in the future for a follow-up session. Ask them to imagine that when you meet them again at a given point in time in the future, they will look happy and they will tell you that things are going well, and they are quite happy with their life now. Once they play along with you, continue by asking them detailed questions about how things are going (now that things are going well and they are quite happy with their life) and try to get them also to explain to you what each of them has done, and what they have noticed that their partner has done, to make those positive changes happen.

6. *Use the circle technique*

The circle technique described by the Dutch psychologist Arnoud Huibers is a great way to start the session with a couple. Take a large sheet of paper and draw two concentric circles on it. Ask the couple about things that are going well in their relationship, things they are content with, and note down at least five things inside the inner circle on the paper. Once you have done this, move on to ask the couple about at least five things they would want to change or improve in their relationship. At this point the couple will usually start to describe their problems. Your task is to help them convert each of the problems into its positive opposite, or into a goal. You can do this by presenting them the question, “So, that's what you don't want. I see. And how would you want things to be instead?” By having the couple answer the “instead-question”, you help the

couple convert their problems into positive goals. Your final task is to jot down, inside the outer circle, only those goals that both partners agree upon.

How does the session continue?

The aim of a solution-focused conversation is to help clients identify one or more goals that they want to focus on. Once a goal has been identified, several different tools can be used to help clients brainstorm solutions or develop ideas of how to achieve that goal. These tools include, among others, exploring previous success, discovering exceptions, using scaling questions and imagining the first small steps of progress.

Here are some examples of questions that you may find useful in trying to help couples identify goals to focus on. You should allow both partners to provide an answer to the questions:

- What are your best hopes for this session?
- What would be a good outcome for you from this talk?
- Suppose this conversation was useful to you, what do you hope would be different as a result?
- How would you know, within a few days, that it was not a waste of time to come to talk with me?
- What positive changes do you hope that our discussion will lead to?
- Suppose our conversation will be helpful to you, what difference would it make?
- What positive changes are you hoping to accomplish by coming here?
- And supposing that change that you wish for would happen, what good would it do? What difference would it make?

How to use the miracle question with couples?

If you use the miracle question with a couple, you typically start by saying something along the lines of “I would like to ask you a question that requires both of you to use your imagination. Is that OK?” and only once you have obtained a green light from both partners you continue by presenting the miracle question, for example, in the following manner:

“When this meeting is over you will do whatever you need to do and at some point in time you will be home and at home you will do the usual things that you do before it gets dark and you are ready to go to sleep. Imagine that during the night, while you are both sound asleep, a miracle happens and as a result of that miracle, the difficulties that brought you here today would be gone, just like that. You wouldn’t know that such a miracle has happened during the night because you were sound asleep when it happened, but something in the morning would tell you that this miracle has happened during the night. What would it be? What would be the first little sign for each one of you that such a miracle has taken place during the night?”

When you present the miracle question to a couple you want to give both partners ample time to answer it. Their answers will give you – as well as themselves – plenty of information not only about what specific positive changes they are hoping to

accomplish but also about measures that they will need to take to make those changes happen.

Are there other ways to get the couple to talk about their preferred future?

There are many questions that SF therapists can use to elicit detailed descriptions from couples about how they want their future to look like. One such question, particularly designed for couples, is what I like to call the *love potion question*. It is a modification of the miracle question specifically tailored for couples. The love potion question entails asking the couple to imagine that they will both drink up a special drink, a love potion, that will cause them to feel strong feelings of love again towards each other. You can introduce the love potion question by pointing to a small bottle that you have placed on the table and asking the couple,

“Do you know what that little bottle contains?”

When they both respond with astonishment, you tell them that the bottle contains love potion. They will stare at you in disbelief. You continue explaining to them that if they both drink a cup of this love potion they will experience strong feelings of love towards each other. The couple will of course not believe you, but instead of trying to convince them that the liquid is love potion, you invite them to participate in a thought experiment: “What if it really was love potion and it worked, how would you notice that it works?”

“Let’s imagine that both of you drink this potion before you leave. You will probably not believe that this potion has any effect on you, but I’d like to tell me what would happen if the potion indeed worked? What would be the first sign for each of you that would tell you that perhaps the love potion is working? What would be the next sign that it is working? What would need to happen for you to become convinced that the love potion works?”

You can use this question to get your clients to give you detailed descriptions of how they will manage various challenging situations when the love potion is working.

“Can you tell me examples of some situations that have been difficult for you to handle? Suppose the love potion would be working, how would you handle those situations differently?”

As you can see, the love potion question is simply a modified version of the miracle question. It invites the couple to develop together a detailed fantasy of how they would like their relationship to look like in the future. While answering the love potion question in minute details, the couple automatically starts to describe things they need learn to do to improve their relationship.

How to use scaling questions with couples?

You can use scaling questions in many ways with couples. The obvious example is asking them,

“How satisfied are you with your relationship right now on a scale from 1 to 10 with 1 being not at all satisfied and 10 being quite satisfied with your relationship?”.

Each partner can give a different number, but whatever number they give, you can continue the conversation by asking why they gave the number they gave and not a lower number, or what positive changes they need to see between now and when you meet them again in order for them to answer the same question with a slightly higher number in that next meeting.

Scales can be used not only for having the clients assess their general satisfaction with their relationship, but also for assessing more specific areas of their relationship such how satisfied they are with intimacy or sex-life, with how they collaborate in co-parenting their children, with the division of labour of domestic chores, or any other important area of the relationship.

An additional way to use scaling questions with couples is to use them to assess motivation or readiness of change.

“On a scale from 1-10, where 10 means 'I'm willing do just about anything to improve this relationship' and 0 is 'I will just wait and see', where on this scale would you each say you are now?”

When we talk about scaling questions, it is worthwhile remembering that the purpose of using scaling questions is *not* to find out how clients assess their situation, but build a visual platform for eliciting information about what progress the clients have already made and how they have done it as well as what progress the clients hope to make next.

What if the partners only complain about each other?

This is a caricature of couple therapy. Two people sitting in the office of a poor therapist who is forced to listen to their endless complaints and gripes about each other with all of them, the couple as well as the therapist, feeling that the conversation is a waste of time. The solution-focused approach, by virtue of its focus on visions of a better future and definition of specific and realistic goals rather than problems and gripes, tends to shield against the conversation sliding into a reciprocal complaining match.

When one partner starts to criticise the other partner in the session, a SF therapist will typically listen and show understanding, but instead of being interested to know more about the complaints, the SF therapist will typically assume responsibility for helping the partners convert their complaints into wishes. The following two simple examples illustrate this initial step:

“He never brings me flowers.”

“Oh I see. So, you would wish him to bring you flowers, right?”

“She never reads any of my articles.”

“Oh, I see. So, you would wish her to read your articles, right?”

Once the therapist has helped the partners convert their complaints and gripes into concrete wishes that can – at least in theory – be realized, the conversation assumes a different quality. Bearing in mind that it is easier for people to come to an agreement about wishes than about problems, the therapist can now steer the conversation towards a more solution-focused direction, for example, by asking the couple to negotiate an agreement about which of the wishes they want to work on.

What if the partners have incompatible goals?

When you ask two people to define their best hopes or desired outcome for the therapy, it may well happen, that they have very different outcomes in mind. For example, one partner says he wants to have a child and the other partner says that she doesn't; one partner says she wants to end the relationship and the other says he wants to continue it; one partner says he wants to accept a job somewhere far-away and the other partner says she doesn't want to move; one partner says she wants their child to have a religious upbringing and the other partner says he wants the child to have a secular upbringing... the possibilities for incompatible goals are endless.

Incompatible goals pose a dilemma for therapists. It is not possible for us to help a couple to achieve two conflicting goals simultaneously, but there are creative ways to deal with the situation. Here are two examples.

Two good options

One possible way to handle the challenge of incompatible goals is to help the couple see their dilemma in a new light, not as a situation where each partner sees the situation through the lens of one good option or one bad option, but through the lens of *two good options*.

This approach is based on the observation that people tend to feel desperate when they are faced with a situation in which they can only see bad options, or one good option that they want and one bad option that someone else wants but they don't. If, instead, they can be helped to see multiple good options, or alternatively two good options rather than a good one and a bad one, they tend to relax, become more optimistic and be able to think more creatively.

To illustrate this method, let's imagine you are facing a couple where one partner wants to continue the relationship and the other wants to end the relationship. To explore both options in a positive light, you might say something along the lines of,

“You don't know yet for sure, whether you will separate or continue together. But let's take a closer look at both options. Let's start by assuming that you will separate and somehow your separation will work very well, so well that you both feel that you have succeeded in separating in the best possible way. How would such a separation look like?”

Your introduction would lead to a discussion about how the partners would vision a good and successful separation to look like. After this discussion you would continue the conversation by inviting the partners to create a vision of how they would want their relationship to look like if they decided to continue to be together.

“And, now, let’s assume that you will stay together, and it will work so well that you are both happy with the relationship. How would that look like? What would need to be different so you would both be happy with that solution?”

In this approach the therapist stays away from any evaluation of what might be the right or wrong decision for the couple to make and invites them, instead, to create a positive and mutually satisfying vision of both of their incompatible choices.

Splitting the couple and working with them separately

In our training groups we often see clients. Once our client was a couple where the husband’s stated goal was to end the relationship with his wife, and the wife’s stated goal was to continue the marriage with him. We explained that we were not able to support them in achieving two incompatible goals simultaneously and told them that one possible way to tackle the situation was to split our training group into two; half of us would talk with the husband about his goal, about how to leave his wife in a good and collaborative manner, and the other half of us would talk with the wife about her goal, about how to salvage the marriage and hold on to her husband. Our strange suggestion made sense to the couple and they both readily agreed. The session continued with half of us talking with the wife in one room helping her think about how to keep her husband while the other half of our group sat in another room talking with the husband about how to separate from his wife in a good and respectful manner.

What if the couple presents an unrealistic goal?

Confidence scale

Insoo Kim Berg developed, together with her colleagues, a respectful way to respond to clients who present unrealistic goals. Instead of suggesting to the clients that their goals are unrealistic she used a method that has been called “confidence scaling”. It involves asking clients how confident they are that they will be able to achieve a given goal.

“On a scale from 1 to 10 where 1 means that you don’t believe you will ever achieve your goal and 10 means you are confident that you will be able to do it, where would you say you are on that scale?”

If the client gives a low number on the “confidence scale” – such as 1, 2 or 3 – the therapist can proceed by asking the client to suggest another goal for the conversation.

“So, is there something else you would want to change in your life that you feel more confident about achieving?”

If a client, when asked about goals, only presents one goal, the therapist can help the client discover additional goals that are important to them. Once there is no longer just one goal on the table, but a few, it becomes possible to help the client choose one of the goals to work with. The unrealistic goal can be set aside, and the client can choose one of their other goals to work on.

“What are your best hopes from this session.
“I’m unhappy because my son is a drug addict. I want him to stop using drugs.”
“On a scale from 1 to 10, how likely it is that you will get him to stop using drugs.”
“I don’t know but it’s very close to 0.”
“Is there something else you would like to change about your life that you feel a little bit more confident about?”
“My husband keeps saying to me that I should get a life.”
“Do you agree with him.”
“I know he is right.”
“How confident are you that you could do that – on a scale from 1 to 10.”
“I think I’m somewhere between 4 and 5.”

Example

A couple came for consultation. When asked what they wanted from the session they said that they wanted us to help them convince the adoption office that they should be given permission to adopt a child. They had applied to become adoptive parents, but after a lengthy process, the agency had finally rejected their application due to their relatively high age and the wife’s chronic illness. We didn’t try to convince them that their goal was unrealistic, but recommended to them that they should also have a second goal, just in case; namely the goal of having a good life even if they may not succeed in repealing the decision of the adoptive agency.

“We can try to do something to help you repeal the decision of the adoptive agency, but we think it is important to use our time together to also talk about how you two can have a good life and to enjoy your relationship even if it may not be possible repeal the decision.”

The couple agreed with our proposal and we had a good long talk with them about how they could have a good life even if adoption would not be possible. In fact, after having had a good and long talk with them about how to have a good life without an adoptive child, they gave up the idea of getting a statement from us for the adoption agency to support their appeal.

What if one of the partners has a mental health problem?

If one of the partners is suffering from a mental health problem such as a mood or an anxiety disorder, the therapist can do what in professional literature has been called “partner-assisted therapy”. This is a modality of therapy that has been shown to be more effective than regular individual therapy in treating depression and some other mental health conditions as well.

Partner-assisted therapy means that the client’s partner participates actively in the therapy process. For example, if a woman suffers from postpartum depression, her partner will accompany her most times when she visits her therapist. Partner-assisted therapy is **not** based on the conventional notion that there must be some underlying problems within the couple relationship that need to be explored and dealt with, but on the idea that the partners are ideal supporters – or even “co-therapists” – who with some guidance and coaching can be of invaluable help in their partner’s recovery process.

Partner-assisted therapy has been shown to be effective in treating clients suffering from depression, chronic pain and anxiety, but there are good reasons to believe that it will improve results of the therapy of any mental health condition.

Partner assisted therapy does not mean that the client's partner needs to be present each time the client meets with the therapist. The idea that the client's partner assumes the role of an active supporter, or co-therapist, can be utilized in many ways. Instead of inviting the partner to be present in the sessions, the therapists can also communicate with the partner through telephone or internet. Partners are usually motivated to help and keen on finding out how to best help their spouse. A supportive partner is an extraordinary resource that deserves to be cherished, acknowledged and celebrated.

Can SFT be used in facilitating groups for couples?

The principles of SFT are perfect for working with couples in a group format. All agencies that offer couple therapy and struggle with a long waiting list should consider offering their clients therapy in group format, whether as separate evening or weekend workshops, or as an ongoing group consisting of a fixed number of sessions.

Topics that may be covered in a SF group for couples include:

- What's already working well in your relationship?
- What do you appreciate about each other?
- What attracted you about your partner when you first met?
- What would you want to improve in your relationship?
- What progress have you already made in that direction?
- What would be for you a small sign that you are moving in the right direction?
- How would other people, who know you, notice that your relationship has improved?
- What can each of you do to contribute to such changes?

The participants of couple groups are likely to quickly discover that they all struggle with very similar challenges and realize that by sharing ideas in a constructive atmosphere they can significantly help and support each other.

In addition to simply offering couples a constructive context where to share ideas and to discuss with other couples, a couples' program can also contain exercises or games designed to help participants develop better and more respectful *communication skills*.

Is SFT suitable for working with other close relationships as well?

The solution-focused ideas discussed in this blog apply not only to couples, but to the relationship between any two people. The word "couple" can refer to all kinds of pairs of two people including same-sex couples, divorced couples with children in common, old-age couples, young couples who have only recently started dating, long-distance couples, friends, siblings, workmates... in fact the word couple can, in

its wider meaning, refer to any two people who share a relationship with one another.

Is there any concept in SFT about what is normal, or abnormal, in relationships?

The longer one works as a therapist – regardless of one’s theoretical orientation – the more open-minded and tolerant one tends to become of what is to be considered normal or sound and what is to be considered abnormal or unsound when it comes to relationships.

Therapists often see couples that defy conventional ideas of normality. There are not only unmarried couples sharing a household but also same-sex couples; couples who have an open marriage; long distance couples communicating mostly through the internet; couples with an exceptional age-difference; couples who collaborate in raising a child, but are not together... The variations are endless.

Solution-focused therapists, in general, have very few preconceived ideas of what is a normal and what is an abnormal relationship. The aim of SFT is not to find out what is wrong about the couple’s relationship and then to try to fix it. Instead, the aim is to help the couple figure out what they would want to change about their relationship and then to assist them in finding ways to accomplish those changes.

Most SF therapist subscribe to this liberal notion of normality with one caveat: verbal or physical abuse.

What if one partner refuses to join the session?

SFT is a brief therapy model which is very well suited for helping clients who wish to talk with a professional about how to influence someone else’s behaviour – even when that other person does not want to participate in the consultation. In fact, quite a few people who consult therapists say that their goal is not to change themselves, but the behaviour of someone in their family or at their workplace. It is not uncommon for people to seek therapy with the stated goal of finding a way to influence the behaviour of their partner. Here is an example of a case where the client’s stated goal was to change the behaviour of her ex-husband after divorce.

Janet said that she wanted advice on how to get her ex-husband to see their two daughters. “I want my daughters to have a father. I think it is important for their healthy development”, she said. She was convinced that his refusal to see their daughters was his way of retaliating her for leaving him. We talked with Janet about the strategies that she had used up until now to try to get her ex-husband to see their daughters. She had criticised him for not seeing the daughters begging him not take his resentment towards her onto the girls. This straightforward strategy of hers had not yielded any results. We asked her if she wanted to get some alternative ideas of how to handle her ex-husband. She happily agreed. We divided our training group into smaller groups and asked each group to come up with a suggestion. The idea was to offer her several suggestions so that she could then decide which one of them – if any for that matter – she would find appealing and worthwhile trying.

Once she had heard all the suggestions from the smaller groups, it became evident that among the several suggestions there was one that appealed to her. According to this suggestion she should consider stopping trying to persuade her ex-husband to see the daughters, and to focus, instead on helping her daughters develop a one-sided, or “unilateral”, relationship with their father. She might, for example, tell her daughters some nice stories about him, show some cool pictures of him, and to ask the girls to write a postcard or short letter to their father every week in which they tell him what they have experienced during the week. She was intrigued by this suggestion and thought that in the long run it might melt his heart better than the approach she had been using so far.

A common saying that is often heard in conversations revolving around relationships is that “you cannot change another person; you can only change yourself.” One way to understand this familiar dictum is to hear it as a recommendation to stop influencing other people, but it can also be understood as a recommendation to pay special attention to ways in which we try to influence another people, to be agile, and to be prepared to change our strategy if it doesn’t produce results.

The concept of couple therapy in SFT is not restricted to working with both partners simultaneously. The spectrum of what can be called couple therapy in SFT includes the option of working with partner to bring about a change in the relationship.

Can the therapist teach couples communication skills?

SFT is, by definition, not an approach where therapists assume the role of expert teaching their clients better ways solve problems or to handle challenges of life. It is rather a method for therapists to help their clients define their goals and to facilitate discussions that allow clients to find their own solutions.

However, the SF approach is fortunately quite flexible and even if teaching or educating clients is not at the heart of SFT, there is also no rule against it. If your clients want to improve their relationship by learning to communicate better with one another, and you feel competent in helping them learn such skills, there is no reason for you not to do it.

Examples of skills that you might want to teach couples include

- complimenting and saying nice things to each other
- expressing disagreement in a respectful manner
- criticising your partner in a kind manner
- responding with humour to your partner’s put-downs
- apologizing when you have hurt your partner’s feelings

It is possible to teach respectful communication to clients without assuming an expert position. You can do this, for example, by asking your clients how they have communicated with one another when they have succeeded to communicate well, or by letting them tell you how they want to learn to communicate with one another in the future.

How can I encourage couples to give compliments to each other?

There are many ways to encourage couples to say nice things to each other. The most obvious way is to ask questions that require partners to give compliment to each other.

- What do you love about your partner?
- When you first became attracted to your partner?
- What was it about him or her that caught your attention?
- If you were to praise your partner to your [friend/mother/sibling] what would you say?

Another option is to ask your clients to practice giving compliments at home. You can do this, for example, by teaching them a special way to give compliments to each other. Here are instructions for one possible way of doing this.

While you are together, whether you are having dinner, relaxing on the sofa, taking a walk or driving a car, take turns to tell each other about something that you have done that you have succeeded with during the day or during the week. Noting big or fancy. Just something you did at home, at work or somewhere else that worked. When your partner tells about their success, listen carefully to what they tell you and respond to the story by showing your admiration (“Wow!”) and being curious about how they did it (“How did you do it?”). Finalize this short success-sharing exchange by giving credit to your partner (“I succeeded thanks to your advice/idea/support.”)

The aim of this exercise is to help people discover that sharing successes and giving credit to each other is an important component of a mutually satisfying relationship.

What about helping couples to make agreements about basic household rules?

It’s a good idea. You can, for example, propose to the couple to design a poster with a list of their own household rules. It is important that the partners decide together which rules they wish to have on their poster, but the therapist may help them get started by offering them some suggestions, such as:

- When you succeed in life, remember to always thank your partner for his or her help or support.
- Refrain from criticising your in-laws and stay neutral when you partner criticises his/her family members.
- Give your partner at least one compliment every day.
- When your partner complains about people or work, listen patiently, show understanding and shy away from giving advice.
- Show affection towards your partner in front of your children.
- Instead of criticizing your partner for their undesirable behaviour, explain to them how you want them to behave instead.
- Apologize to your partner when what you have said or done has hurt his or her feelings.

How to help high-conflict divorced parents?

A small percentage of divorced parents have huge difficulties in talking to each other and making agreements about visitation and other matters pertaining their child. Many professionals whose work involves helping these parents negotiate agreements – such as therapists, social workers, mediators and lawyers – find these clients especially challenging.

Justine Lawick is a psychologist from the Netherlands who together with her team has developed an innovative approach to working with these so-called high-conflict divorced parents. The approach bears resemblance to SFT and is called “No-Kids-in-the-Middle”. You can find plenty of freely available information about it in the Internet. On my YouTube you can find a short video in which Jacob Cornett, a Danish psychologist and teacher of solution-focused therapy, interviews Justine about her ground-breaking ideas.

<https://youtu.be/zwqBllLpsag>

One of the points that Justine makes is that professionals may inadvertently make things worse for divorced parents by trying to get them to improve their communication. Instead of trying to get the divorced parents to communicate better and more with one another Justine proposes that therapists should consider recommending them to stop trying to communicate with each other and to do what she calls “parallel parenting”. This is a model of co-parenting where the parents do not even try to negotiate agreements but nominate representatives who take charge of negotiating agreements for them. The representatives can be family members or friends as long as they are persons who have the child’s best interest in mind. To download a copy of a comprehensive article about the No-Kids-in-the-Middle approach click the link below.

<https://www.dropbox.com/s/dbi25udw5dh9105/No%20Kids%20in%20the%20Middle.docx?dl=0>

What to do if one partner has a personality disorder?

SF therapists avoid viewing their clients through the lens of diagnostic labels and consider everyone – regardless of the diagnosis they happen to have been given – capable of changing and making progress.

When one partner uses a psychiatric label to describe the other partner, a SF therapist usually avoids focusing on the diagnosis and carries out the interview in the customary manner. The following dialogue illustrates this idea.

- My husband has narcissistic personality disorder.
- I see. And how is that a problem to you?
- He is verbally abusive towards me.
- So, I guess you would want him to stop being verbally abusive towards you?
- Absolutely.
- If it was possible to change his manner of expressing himself, how would you want him to learn to speak to instead?

The rumour has it that Steve de Shazer, one of the pioneers of SFT, was once asked about how he would help a client who has a borderline personality disorder. He answered that he doesn't know, because he has never met anyone with a borderline personality disorder. Obviously, he – just like the rest of us – had over the years seen countless clients who had been given that diagnosis by mental health professionals, but he was making the point that he didn't think it was useful to attach such labels our clients. Therapy should be about creating hope and facilitating change. Diagnostic labels, unfortunately, tend to have the opposite effect.

How to use SFT when there is violence in the relationship?

Violence in intimate relationships is commonplace all over the world. Therapists, not unlike family members, friends and neighbours, have a responsibility to respond to it and to do their best to ensure safety in the relationship. We know that domestic violence tends to escalate over time and can, in the worst case, be fatal – not to speak about the emotional agony it causes to all parties including children.

SF therapists often start the first couple therapy session with strength talk before moving on to help the couple define their desired outcome, or goals, for the conversation. During this process, the therapist may find out that there has been violence in the relationship, that one or both partners have acted violently – often repeatedly – towards the other in the past. Such information should be considered an alarm signal that calls for a discussion about how to safeguard the safety in the relationship. Whenever violence is an issue, safety takes precedence over any other existing problems and needs to be addressed before addressing the other issues.

As a therapist you can tell your clients that it is your obligation as a professional to talk with them about safety. You can also explain to them that it is hard, if not impossible, to solve other issues if one or both partners lives in fear of violence. Once you have established with your clients that safety needs to be talked about first, you can move on to helping the couple develop ideas of how to ensure safety; how to identify situations in which violence can occur and how to deal with those situations in a manner that will prevent violence from taking place. The couple should end up drawing a written or unwritten non-violence contract including a detailed plan of how to ensure safety and how to prevent or deal with situations that have triggered violent behaviour before.

How to deal with verbal abuse?

Verbal abuse – name calling, shouting, denouncing, deliberate insulting – is a form of violence that is detrimental to any relationship. When one partner is verbally abusive towards the other, or both are verbally abusive to each other, the therapist may want to address this issue before moving on to help the couple set other goals for the conversation. Reducing the risk of verbal abuse will, in and of itself, improve the relationship and pave the way for finding solutions to other issues pertinent to the relationship.

'John' and 'Mary' complained about poor communication and lack of warm feelings towards each other. As they were trying to explain how they wanted their communication to improve, Mary began to cry. Through her tears she explained that John had been verbally abusive towards her. He had on several

occasions, upon coming home late from work, started to criticise Mary calling her names and saying all kinds of nasty things about her. John's behaviour had been a shock to Mary. She was raised in a family where such behaviour was unthinkable, and she was currently seriously considering divorce. John was remorseful and regretted his bouts of verbal abusive. He tried to blame his behaviour on high stress at work.

The therapist said that it was important to address the verbal abuse problem before moving on to discuss other problems in their relationship. Both partners agreed and the entire session was spent on developing a strategy to prevent any occurrence of further verbal abuse. During this conversation a step-by-step plan was developed that gave them concrete directives of what to do and how to collaborate to quickly interrupt any situation in which there was a risk of John becoming verbally abusive against Mary again. Once the plan had been rehearsed in the session using role-play it was recorded on a sheet of paper which the couple was to take home and attach to their refrigerator door.

How to respond if one the partners threatens with suicide?

If you find out during the interview that one of the partners is suicidal, or has threatened the other partner with suicide, you should prioritize this problem over any other problems that the couple may present to you. 'Safety first' should be the guiding principle of all therapy including couple therapy. It is next to impossible to help couples find solutions to their relationship problems if any one of them doesn't feel safe.

'Susan' called me and told me that 'Jack' whom she had recently separated from, was acting in ways that worried her. During their arguments, Jack had, on a few occasions, hinted to the possibility that he might take his own life. I discussed with Susan her options. She didn't feel that she was able to help him as they were still in midst of their separation process. She had already suggested to Jack that he should seek professional help, but he had rejected her recommendation. After weighing her options, we came to the conclusion that the best thing for Susan to do was to call Jack's parents and to tell them about his suicidal ideas. She did this and when Jack learned that she had told his parents about his suicide threats, he responded by saying that he had no intention of taking his life and that he had mentioned suicide only to put some words on explaining how upset and desperate he had felt.

Generally, in SFT it is the client, not the therapist, who defines what the desired outcome, or the goal, of therapy is. However, security is an exception to this rule. According to ethical standards of therapy, problems that threaten the security of the partners – or their children – such as risk of violence or suicide should have a high priority in therapeutic conversations.

How to help couples heal after one partner has been unfaithful?

When people suddenly find out that their partner has been unfaithful to them, they often experience an intense emotional turmoil. Healing from the violation, and rebuilding trust, can take time and persistence. Fortunately, many couples seem to

find ways to overcome the infidelity and to continue their relationship despite what has happened.

SFT is a future oriented approach to therapy and therefore the question “Why did the infidelity happen?” is not as central as the question “What needs to happen for you to get over the infidelity and to be able to heal your relationship?”

Many of the standard solution-focused questions are well-suited for facilitating conversations about recovery and healing.

- On a scale from 1-10, where would you say you are at present, if 10 means that you have fully recovered from what has happened, and 1 means that you are only taking the first steps in your recovery process?
- What have you done so far that has helped you to recover?
- What would need to happen for you to become convinced that something like this will not happen again?
- If you think that a sincere apology might help you to recover, in what way should your partner apologise to you so that you would feel he / she is sincere and really means it?
- What will be a small but yet significant sign for you that tells you that you have made further progress?
- Who has helped you so far? How have they helped you?
- What needs to happen for you to start to trust your partner again?
- How would you know that you have gotten over what has happened and succeeded in building trust again?

Solution-focused therapists adhere to what in psychotherapy literature is referred to as “not-knowing position” or the notion that a therapist does not have preconceived ideas of what is causing the clients’ problems, nor about what the clients should do – or not do – to solve them. Instead, SF therapists are curious to find out what their clients want to change and how they think that they can accomplish those changes. One of the benefits of the not-knowing position is that it invites clients to think outside the box and to come up with imaginative ideas that professionals would never think of. I am reminded of a couple who sought help after the wife had found out that her husband had been unfaithful with a colleague of his.

The wife was so disheartened by what had happened that she could not think of any other solution than leaving him. She said that after what he had done, she could not feel anything but contempt towards him. The husband was remorseful and said he was willing to whatever it takes to salvage their marriage.

“Is there anything your husband can do to try to make you change your mind and win you back?” I asked the wife.

“I don’t know. I doubt there is anything he can do to restore my trust, but if he wants me to even consider continuing our marriage, I want him out of my bed for some time.”

“Where would you want him to sleep instead?” I inquired.

“We have a shed in the garden. It’s not comfortable, but he can drag a madras in there and sleep there. I don’t want him in the house. After two weeks we can talk, and I’ll see how I feel.”

The husband agreed to his wife’s conditions. He felt he deserved the “punishment”. Whether the couple ended up continuing their marriage or not is beside the point. I’m sharing the story only to illustrate the creative solutions that clients can come up with when the therapist adheres to the not-knowing position.

How to use SFT in sex therapy?

When we work with couples whose problems are related to their sex life – e.g. lack of sexual desire, difficulties in reaching orgasm, incompatible sexual preferences – we can approach them in the same way we would approach them if they had any other problems. The conversation follows the familiar solution-focused pattern illustrated by questions such as:

- What are the strengths of your relationship?
- What solutions have you already found that have worked even just a little bit?
- What would be the first small sign that you are making progress?

From the point of view of SFT, sexual problems are not different from any other problems. If the therapist thinks that the clients would benefit from information, the therapist should feel free to provide such information. Other than that, sexual problems should not be considered different from other problems. They too can be solved by creating a mutually respectful atmosphere for collaborative brainstorming.

What to do if the couple starts to talk about their children instead of focusing on their relationship with one another?

All experienced therapists are familiar with the situation in which a couple comes to therapy to solve problems related to their relationship and soon, and when you feel you have gotten started, they shift to talking about the problems they have with their children. Similarly, a couple may come to therapy to get some advice of how to deal with their child’s problems, and when you feel you are making some progress, they shift to talking about problems in their relationship with each other.

It’s true that strains in parents’ relationship with each other can have a negative influence on their children, but it is also true that when children have problems, this can have a negative influence on the parents’ relationship with each other. You may wonder, as a therapist, in these situations whether you should keep the focus on the original request or allow the client to shift focus from the relationship to children or vice versa.

Different therapists may have different preferences about what is the best way to handle these thorny situations. My personal preference is to prioritize the children’s problems. I believe that if I as a therapist manage to help the parents figure out some useful ideas of how to help their child, and to find a mutually agreed upon strategy, a large part of the parents’ tensions and conflicts will consequentially dissolve.

Whichever approach you choose – to focus on improving the relationship between the parents, or improving the parent’s relationship with their child – the important thing to bear in mind, is not to allow the focus to keep shifting from one to the other. Find an agreement with the couple about whether to focus on the children or issues in their relationship – and stick to your guns.

How to end couple therapy?

Contrary to some other approaches of couple therapy, in SFT it is usually the client who decides when the therapy should end. The therapy ends when the couple feels that they have found the tools they need to handle their situation on their own. In reality, however, the therapy rarely ends in such a clean manner. A more common scenario is that the couple reserves one more appointment and ends up cancelling it because they are busy and don’t feel that they need it right now, or that the couple decides to wait and see and to contact the therapist again after some time if they feel that they need to come in for one more consultation. There are many ways of deciding to enter therapy and there are also many ways to end it.

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