Dear Colleagues,

This paper, which I have written specifically for mental health and shelter workers, medical personnel, and volunteers working with stressed and traumatized people experiencing ongoing crisis and refugee situations, is intentionally short, practical, and informal. My purpose is to demonstrate how core aspects of the evidence-based SFBT approach can be utilized to support stressed and traumatized people experiencing the after-effects of political violence, loss and ongoing hardship.

It was written very quickly, therefore I must apologize in advance in the event that there are typographical errors or any missing references.

I hope you find it useful.

Kind regards,

Yvonne Dolan

Compassion, Coping and Counterbalance:

SFBT for Trauma

Yvonne Dolan, M.A.

The tragic suffering of so many people in the context of current war zones and their traumatic aftermath has heightened the need for brief, practical counseling techniques that can be readily used healthcare workers, mental health professionals, shelter staff, and volunteers. This paper is intended to offer an abbreviated, readily accessible, evidence-based framework that can be quickly read and utilized by clinicians and volunteers working on the front lines.

In a nutshell, the evidence-based Solution-Focused Brief Therapy (SFBT)(de Shazer & Dolan et al, 2021; Kim, Jordan, Franklin, & Froerer, 2019) approach provides a way to accomplish goals and adapt to challenging circumstances by constructing solutions rather than dwelling on problems. Used with emotional sensitivity, SFBT is a trauma-informed collaborative approach well suited to supporting people experiencing adversity, trauma and loss. The Solution-Focused approach to treatment of trauma can be summarized by the “3 C’s:” Compassion, Coping, Counterbalance.

## A Quick Overview of the SFBT Approach

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The Solution-Focused Brief Therapy (SFBT) model is a short-term goal-focused, evidence-based therapeutic approach that helps clients change and adapt to challenging life circumstances by collaborating on constructing solutions rather than dwelling primarily on problems (De Shazer & Dolan et al, 2021).

In the Solution-focused approach, the traditional order of the therapeutic process is reversed, beginning with goal setting. This typically involves developing a description of what the client’s life will be when the issue that brought them to therapy is gone or has at least been rendered significantly more bearable and less of an ongoing problem. Informed by a series of carefully constructed questions, therapist and client generate a detailed behavioral plan for moving in the direction of the client’s goals by utilizing existing behavioral and cognitive skills the client already possesses or can potentially acquire.

Scales and scaling questions are utilized throughout the treatment process to initially assess the client’s distance from the goal, identify what needs to happen to progress in the direction of the goal and to further refine the treatment plan until the client’s goal is achieved.

## The Solution-Focused Approach Applied to Treatment of Trauma and Traumatic Loss

The evidence-based SFBT approach comprises a compassionate, respectful and effective treatment (Kim et al, 2018, pp. 17-18) that can help clients counterbalance PTSD symptoms associated with trauma, ongoing stress, hardship and traumatic loss by gently inviting them to identify what has helped them to cope with (or survive) so far, and gradually formulating small practical steps forward.

SF techniques are especially well-suited to treatment of trauma because they help people cope, formulate and implement positive change by looking forward, not backwards. They do not require people to excavate painful emotions or revisit traumatic past events in order to begin making positive changes. This is particularly important in the context of helping people to recover from traumatic experiences.

A further advantage of the SF techniques is that they typically have a calming, soothing effect; researchers have found that SF techniques foster positive emotions which naturally interrupt upsetting thought patterns (von Cziffra-Bergs, 2018, p.57), provide a context of hope (Dolan, 1991, p.40) and function as a natural counter-balance or “antidote” (Bannick, 2014, p. 7), to painful or disturbing feelings.

Not surprisingly the goals that trauma survivors present vary according to circumstance, personality and the nature of the post-traumatic effects they are experiencing. Nevertheless, clients’ goals typically involve carrying on with everyday activities and responsibilities while gradually diminishing the amount of space memories of the traumatic experience and related trauma sequelae (flashbacks, nightmares, anxiety, depression) occupy in their ongoing daily life. While survivors often express a wish to restore or at least replicate various aspects of the life they led before the traumatic event, most find their world view and life perspective has permanently changed. The elasticity of the SF approach makes it possible to simultaneously include more than one goal, e.g. “the desire to continue to function as a good parent, the desire to carry on at work, the goal of sleeping through the night, etc.

**How to Begin a Solution-Focused Conversation With Someone Who Has Experienced Recent Trauma**

A key first step is to refrain from assumptions and gently ask the client how they (or the person who cared about them and sent them to counseling) would afterwards know that meeting with the SF therapist had been helpful. Rather than assuming that the client needs to talk about the traumatic experience, SF therapists focus on formulating a goal for the session based on what the client says would be most helpful and/or what will be different afterwards as a result of the session in order for the client and/or the person that sent them to be able to say that it had been helpful to see the therapist. As mentioned earlier, the SFBT approach to treatment of trauma can be summed up by 3 words: compassion, coping and counterbalance. We will begin with what is most essential to all therapeutic endeavors: *compassion.*

### **Compassion**

The first of the 3 C’s (Compassion, Coping, and Counterbalance) that comprise the SFBT approach to treatment of PTSD), compassion is essential to all therapeutic approaches. Competent SFBT therapists typically communicate in a warm, caring manner that consistently and congruently demonstrates to their clients that they are being carefully listened to and accurately understood.

It should not be assumed however that compassion necessarily entails asking the client to describe the traumatic event or series of event that necessitated their seeking help. While some survivors find comfort and relief in describing the details of the traumatic experience to a compassionate listener, others find that that re-re-telling the story exacerbates PTSD symptoms and raises the risk of suicide without yielding any demonstrable improvement.

**Formulating an SF Goal**

Since SFBT is an inherently collaborative approach, SF therapists respectfully demonstrate compassion by asking trauma survivors what would be most helpful to talk about and then formulating a goal based upon how the client (and sometimes caring other or the person that sent them) will know afterwards that it had been helpful. When utilizing the Solution-Focused approach with trauma survivors, the client’s goal most often involves finding a way to continue carry on with everyday activities and responsibilities while gradually diminishing the amount of space memories of the traumatic experience and related trauma sequelae (flashbacks, nightmares, anxiety, depression) occupy in their daily life.

While survivors often express a wish to restore or at least replicate various aspects of the life they led before the traumatic event, most find their world view and life perspective permanently altered. The elasticity of the SF approach makes it possible to simultaneously include more than one goal, e.g. “the desire to continue to function as a good parent, the desire to carry on at work, the goal of sleeping through the night, etc.

Some trauma survivors find it helpful to begin by talking about the traumatic experience and others find it more helpful to focus on identifying ways to cope with post-traumatic sequela they are currently experiencing or other currently pressing issues.

Trauma survivors who say that it will be helpful to talk about the trauma benefit from being asked *how* they will know afterwards that it has been helpful: Identifying a goal for how describing the details of the traumatic experience will subsequently be helpful for the client has a subtle but important effect on how the client will tell the story of the traumatic experience and how the therapist listens to it. Having a goal provides a much emotional distance for the client that helps them stay oriented in the present while telling the story, as opposed to viscerally re-experiencing the trauma throughout the retelling.

Typical goals for survivors telling the story of the trauma include:

*I won’t feel so alone with the memory*

*I will stop constantly blaming myself*

*I will begin to move on with my life*

When a client describes the traumatic experience, it is only natural for the therapist to express compassion, e.g. *I am so sorry that this happened to you,* however these words often feel inadequate and in fact ultimately *are* inadequate given the impact of the traumatic experience.

Trained to be particularly attentive to language, SF therapists oftentimes add the following sort of acknowledgement about the inadequacy of language under the circumstances, e.g. “I think that there are likely no words that can adequately express how painful (terrible) this must have been for you and how difficult this is for you.” Clients typically respond to this with strong agreement.

### **Coping**

Traumatized clients typically struggle to *cope* in the immediate aftermath of trauma. There is the feeling that nothing is ever going to be the same. This is particularly true when loss is associated with the traumatic experience. This might include for example, the loss of one’s ability to trust or feel safe, the loss a loved one, and in the case of traumatized political refugees, the loss of one’s home, and/or separation from one’s homeland. In the most basic sense, coping can be understood as finding a ways to continue to carry on with life essentials.

**How to Use SF Scaling to Help People Cope**

SF scaling questions invite clients to perceive their goal on a continuum. Typically, this involves a 0 to 10 scale with 10 representing the goal and 0 the opposite of the goal.

Although offering a scaling question to someone in the aftermath of trauma, traumatic bereavement, political displacement or other traumatic loss might initially seem counter-intuitive, scaling provides an invaluable way to help traumatized clients identify important personal strengths and formulate healthy and practical coping strategies that they can immediately utilize. A core part of the evidence-base version of the SFBT approach, scaling when introduced in a sensitive, caring manner, can simultaneously function as an amygdala-calming solution-development resource, an ongoing assessment tool, and a potential self-care practice that clients can subsequently apply to their everyday lives.

Obviously timing is important. For example, abruptly introducing a scale when someone is sobbing would be both insulting and cold-hearted. As a general rule, when working with someone in distress, introduce the scale ***as soon* *as you can respectfully do so*.** How you introduce the scale is also important. If you start by gently and respectfully explaining to the client why you want to draw a diagram (the scale) and then ask permission to do so, even the most traumatized person will generally say yes.

A significant advantage of utilizing a SF scale is that it tends to have a moderating effect on painful emotions. People usually experience an increased sense of calm during and immediately after answering a SF scaling question. This is likely due to the fact that answering scaling questions, indeed even conceptualizing a scale requires a person primarily utilize the part of the brain devoted to evaluative thinking (the pre-frontal cortex lobe) thereby at least temporarily calming the amygdala disturbance typically associated with painfully disturbing emotions.

Perhaps most significantly for traumatized clients, the scale provides a way to conceptually represent and subsequently further develop detailed descriptions of what specifically needs to happen in order for the clients’ situation to improve or be coped with more effectively, or at the very least, become substantially more bearable.

While of course drawing an SF scale does not in itself ensure that the client will reach the goal the scale represents any more than setting off on a trip ensures that we will reach the desired destination. But it does represent the possibility that this *can* happen.

A scale functions to gently and subtly introduce the possibility of hope that things can get better. This is particularly valuable in situations where talking about hope directly might be experienced as insulting or trivializing by clients whose recent experience make it difficult to imagine things ever getting better. As one client who had recently lost his wife and 3 of his children in a bombing said angrily, “ Don’t ask me about my best hopes. For me, hope is now a dirty word.” As you will see with “Peter" in the following case except, in situations involving traumatic loss and ongoing stress the SF scale can serve as a much needed vehicle for figuring out how to best get through the next few days.

**Case Excerpt: “Peter”**

Therapist: What needs to happen as a result of our meeting today in order for you to feel afterwards that it was not a waste of your time?

Peter: I need to get through the next few days and do the best job possible continuing to take care of my 7 year old son while also making plans for the burial of my wife and daughters. I don’t even know where to start.

Therapist: I am so sorry. I can’t even begin to imagine how painful and difficult this must be for you.

Peter: You really can’t. No one can.

Therapist: I am sure that it hurts far more than words could ever say.[[1]](#footnote-2)

Peter: It really does.

Therapist: There is a simple diagram I sometimes use to help me better understand how I can best be helpful. Is it ok if I draw a line on a piece of paper? [[2]](#footnote-3)

Peter: Okay.

Therapist: (Draws a scale).

0 10

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Let’s imagine that 10 represents the point in time when you have completed the burial and you have also continued to take good care of your son and in both cases you have done the best job possible under the circumstances and 0 represents the Opposite.[[3]](#footnote-4)

Peter: (Nods).

Therapist: (Hands Peter a pencil and the piece of paper with the scale on it).

I’d like you to make a mark on the line to represent where you are now.

Peter: (Marks a point at approximately the 2 position).

0 10

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Therapist: You have already been through so much and yet somehow you have managed to be at a 2 today —— what makes it a 2 and not lower?

Peter: I have managed to make sure that my little boy has gotten something to eat every morning and every night and I have managed to arrange for us to stay with my cousin so that we have a warm place to sleep now that our apartment building no longer exists.

Therapist: And those things make it a 2. Is there anything else that contributes to the 2?

Peter: My cousin’s wife and children have been very kind to us and very welcoming.

Therapist: And that also has contributed to the 2?

Peter: Yes, I don’t know what we would have done without them.

Therapist: And you really appreciate that.

Peter: I am very grateful we were able to make our way to their village.

Therapist: I have a feeling that you are the kind of person who would have done the same for them if they were in your situation.

Peter: Yes, I would.

Therapist: What will be the next thing that will need to happen in order for you to move higher on the scale?

Peter: (After a short pause and a deep breathe) I will need to find a place with electricity where I can charge my cell phone and then I will need to contact the authorities to get permission and make arrangements for the burials.

Therapist: Let’s suppose that you manage to get your phone charged up again and you contact the authorities and get permission, what number would that be on the scale?

Peter: I think that will make it a 4.

Therapist: A 4. And what will be going on with your son at a 4?

Peter: I will continue to see that he has food to eat and that he is safe and I will make sure he is never alone. My cousin and his wife will help with that. And I will need to somehow find both him and me some clean clothes to wear to the funeral. All our belongings were destroyed.

Therapist: Are the clean clothes part of the 4 too, or is that a higher number?

Peter: The clean clothes are important, even if we just somehow manage to clean up the clothes we are wearing right now, the clothes we have on our backs.

Therapist: Would the clean clothes be a 5?

Peter: I guess a 5 or 5 1/2.

Therapist : And what will be the next thing that needs to happen?

Peter: It may actually need to happen even before finding a way to have clean clothes. I need to actually find out whether my family can be buried in our family’s cemetery space, or if that is closed off because of the fighting going on near there. If so, I will need to make other arrangements.

Therapist: Finding out where they can be buried.

Peter: (He puts his head in his hands and cries) It is so hard….

Therapist: Of course. I am sure it is harder that it is possible to say with words.

Peter: It really is... But I need to take care of this. It is my responsibility.

Therapist: You want to carry out your responsibility despite how hard things are right now.

Peter: Yes, it is what I need to do.

Therapist: Where are you finding the strength to go forward with this? [[4]](#footnote-5)

Peter: I love my son and I love my wife and my daughters. They are everything to me.

Therapist: Your love for them is how you are finding the strength?

Peter: Yes.

Therapist: Let’s suppose you have managed to make the funeral arrangements and you carry them out…

Peter: And then the funeral is over.

Therapist: And then the funeral is over and you know deep inside that you have done the best you possibly could do under the circumstances. What number will that be?

Peter: That will be an 8.

Therapist: What will eventually make it a 10?

Peter: Some time will need to pass. And I must continue to look after my boy, to comfort him and keep him safe whatever that takes.

Therapist: Whatever that takes.[[5]](#footnote-6)

Peter: Yes.

Therapist: It is obvious to me that you are a very courageous man and that you deeply love your family.[[6]](#footnote-7)

Peter: I do really love my family but I do not feel courageous right now. I feel that I am just doing what I have to do right now.

Therapist: For you right now, it is more about the *doing*. [[7]](#footnote-8)

Peter: Yes. That is true.

Therapist: Is there anything else that I you think I should ask you or that would be important to tell me? [[8]](#footnote-9)

Peter: I think not right now.

Therapist: I would be happy to talk with you if you want to meet again. I also want to say that it is clear to me that you are a devoted father and husband.

**[YOU NEED TO WRITE A FOOTNOTE FOR #9]**

Peter: Thank you for that. And I will try to come and see you again if our situation permits. God willing. Thank you.

Therapist: God willing. You are welcome.

As you saw in this previous transcript with Peter, SF scaling questions can be an effective way to help people find the strength to cope with extremely painful situations associated with traumatic events by generating a structure to plan and carry out difficult but necessary responsibilities in the immediate aftermath.

The next case excerpt will illustrate how the SFBT approach can be used to help people cope with navigating the refugee experience.

Case Excerpt: “Oksana”

Therapist : I am pleased to meet you.

Oksana: Thank you for seeing me.

Therapist: I want to do my best to be helpful today in whatever way I can. Is it okay if I ask you a few questions in order to help me best understand what you have been experiencing and how I might be most helpful?[[9]](#footnote-10)

Oksana: My children and I had to flee our home city 2 weeks ago because the fighting was starting. My husband traveled with us to the train station and waited with us until we were able to get on a train. At first we were able to communicate with each other on our cell phones, but now I have not heard from him for the past 4 days. I don’t know if his phone is no longer charging because there is no electricity or if he maybe lost it, or if ————- something terrible has happened to him.(She begins sobbing).

Therapist: I am so very sorry. I think there are no words that can truly express how frightening this must be for you and your children.

Oksana : There really are not.

Therapist: What do you think would be most helpful for us to focus on today in order for you be able to honestly feel afterward that coming to this meeting had been helpful?

Oksana: I really don’t know. (She begins sobbing again and the therapist hands her a tissue). It all just feels so unreal. And so scary.

Therapist: Of course. (There is a teapot and sitting on the table between them and the therapist makes a gesture to offer the client a cup of tea. The client nods and the therapist pours the tea into a cup, offers it to the client and the client accepts it. She wraps both her hands around the warm cup).

Oksana: I don’t know what to say. Everything feels impossible.

Therapist: Of course. I can only imagine that it was not easy to get on the train. And yet somehow you did it, you got yourself and your children to safety. That is very impressive.[[10]](#footnote-11)

Oksana: What choice did I have? (She seems angry).

Therapist: How did you do it? (Her tone is respectful and appreciative).

Oksana: My husband and I had to wait on the platform with our children for a very long time. It was very crowded and we were all out in the cold. In the end we thought we probably would not be able to get onto the train because it was already very crowded when it arrived with people already standing in the aisles. But we were desperate.

I was very worried about my youngest who already had a cold. So my husband and and I took a risk and began quickly passing our children up to the train window where a kind old man pulled them onto the train. Then I ran to the train door which was already closing and begin screaming as loud as I could, “You have to let me on, my little children are on this train.” The conductor opened the door and very quickly pulled me on the train. I looked out and say my husband looking at me with a smile on his face and holding one of his thumbs up as if to say, You did it. That was the last time I saw my husband. I hope I see him again. (Her voice is flat).

Therapist: I hope so, too. My God. What an experience. How did you and your husband find the courage to get your children on that train. (This question functions as indirect compliment[[11]](#footnote-12));

Oksana: We are the kind of parents who do not give up. We would do anything for our children, even if it meant making other people angry.

Therapist: You are the kind of parents who do that. ( Her tone is appreciative).

Oksana: Yes.

Therapist: How old are your children?

Oksana: My son is 9, and my 3 little girls are 6,5, and 2 1/2.

Therapist: What are their names?

Oksana: My son is Dmytro, after his father. The girls are Nattallya, Kateryna, and Sofia. Nattallya was named after my late mother.

Therapist: Where are they right now?

Oksana: They are in the waiting room playing with toys. One of the other women from the shelter came with me to watch them while we met.

Therapist: I would like to meet them when we are finished if there is time.

Oksana: Okay.

Therapist: May I ask you another question?

Oksana: All right. (She seems slightly more relaxed).

Therapist: What needs to happen as a result of our meeting in order for you and your children to know afterwards that it had been a good idea for you to come here.

Oksana: I don’t know….

Therapist: (Nods encouragingly).

Oksana: The thing is I don’t know what we will do when we have to leave the shelter. I have no plan. And I don’t know how I will find my husband, how I will let him know where we are.

Therapist: You need to have a plan for when you leave the shelter and also a plan for how you will let your husband know where you are?

Oksana: Yes.

Therapist: There is a little technique called scaling that is be helpful when people need to figure out a clear plan in situations like this. It involves my drawing a little line on a piece of paper. Is it ok if I draw this ?” [[12]](#footnote-13)

Oksana: OK.

Therapist takes out a piece of paper and draws a line.

0 10

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Let’s suppose that 0 represents before you started thinking about the need for a plan for when you leave the shelter and a plan for how to let your husband know where you and your children are staying and 10 represents when you have already carried out the plan,

No plan Plan accomplished

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We know you are not at 0 because the represented before you started thinking about the need for a plan and we know you are not a 10 yet because you haven’t carried out the plan yet.

Can you make mark on the line to show where you are now? (She hands Oksana the paper and a pencil)

Oksana: (She sits silently for a few seconds and then draws a mark at the 1 point).

No plan Plan accomplished

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Therapist: What number should we call that?

Oksana: It is a 1 because I know I need to make a plan. But I don’t know how to move forward.

Therapist: That is what the scale is for. It will help us figure it out.

Oksana: Ok.

Therapist: Let’s suppose that tonight you and your children go back to the shelter and eventually it becomes later and you all go to sleep. Sometime during the night however something special happens. But you don’t know this because you are sleeping. What happens is that when you wake up in the morning you are suddenly at a 2. What would be different?

Oksana: I would know where I can go to leave a message for my husband and would know who to talk to about finding a place to stay when we have to leave the shelter —- I don’t know how long we are allowed to stay at the shelter.

Therapist: Knowing where to the leave the message, finding out how long you can stay at this shelter and who you can talk to about finding a place to go next?

Oksana: Yes. And how I will feed my children.

Therapist: Of course, and how you will feed your children. Let’s start with the message you want to leave for your husband. When you know where to leave the message, what number will you be on the scale.

Oksana: Probably a 3. If I heard from my husband, I would be a 10 because then we could make a plan together.

Therapist: That makes perfect sense. Regarding getting in touch with your husband, is there anyone you know who might be able to get a message to him?

Oksana: Maybe his uncle.

Therapist: Let’s suppose you get a message to his uncle, will that raise the number on the scale ?

Oksana: Yes, a little bit. That would make it a 1 1/2 I suppose.

Therapist: Would it be helpful to also leave a message for your husband at your country’s embassy in (Poland)?

Oksana: I think that would be a good idea.

Therapist: Let’s suppose you do that, what number would that make it on the scale.

Oksana: Still about a 1 1/2.

Therapist: Would it be helpful if I gave you the number and email for your country’s embassy here? [[13]](#footnote-14)

Oksana: Yes, could you do that?

Therapist: Yes, and if you like you could leave a message right now. You could do it either by phone or email.

Oksana: I think the phone is better because my writing is not so good in a foreign language.

Therapist: Shall we call the embassy right now.

Oksana: Yes.

Therapist: (Types in number and hands an iPhone to Oksana).

Oksana: I am here with my children and I want to leave a message through the embassy for my husband in case he is trying to find us. (She then gives her name, the children’s name and the name of the shelter where they are staying, and the number of her personal cellphone and hangs up the phone after a few minutes).

Therapist: Was that helpful?

Oksana: Yes, I think I have moved to a 2 now[[14]](#footnote-15). They also said I might try calling the Red Cross in case they might have some information on my husband. I am also going to try calling his Uncle later today.

Therapist: Is there any other information that might be helpful?

Oksana: I need to talk to someone about what we will do, where we will stay and if we cannot return to our country, where we could go.

Therapist: I know a little bit about the shelter situation. They are not going to turn your out until you have a place to stay. Have you been able to find out anything about additional places people can stay?

Oksana: I heard that some of the churches and synagogues are helping people find places to stay.

Therapist: Do you have a list of the names?

Oksana: No, I just heard about it.

Therapist: I am happy to give you a printed list of what we have so far.

Oksana: Thank you.

Therapist: Is there anything else I should ask you about or that it would be helpful for us to talk about?

Oksana: I can’t sleep at night and my kids are having trouble too. I wonder if you could give me some pills.

Therapist: I don’t have any pills, but I wonder if there is anything at all that you have found so far that is helpful in getting you relaxed enough to sleep.

Oksana: It seems to help them if we sing a little song together when they are in bed. We have to do it softly because of the other people, but it seems to help calm them done.

Therapist: Maybe hearing the song helps some of the other people too?

Oksana: Maybe.

Therapist: Singing helps a little bit. I wonder if there is anything else that might help.

Oksana: Sometimes I just lay under the covers and pray.

Therapist: Is that helpful?

Oksana: Yes, I think it is.

Therapist: Where did you learn to do that?

Oksana: My mother and my grandmother. My father was not a believer, but my mother and both my grandmothers were. They are both gone now.

Therapist: But you still think of them?

Oksana: Yes, of course.

Therapist: I wonder what they would tell you if they were here.

Oksana: They would say that they know I am doing the best I can. They would say that they love me.

Therapist: And thinking about them helps?

Oksana: A little bit.

Therapist: I would like to invite you to come back and see me in a few days. You can make an appointment on the way out if you like. Meanwhile, I would like to invite you to pay attention to anything you or anyone else does or says, or anything that you learn that helps you move up on your scale even a little bit.

Would you be willing to do that?

Oksana: Yes, I will.

Therapist: If it is okay, I would like to walk out to the reception area with you and meet your kids, and I will also get you the list of the names of the churches and synagogue here that are helping people.

Oksana: I would like that. You can meet my friend, too. Thank you for talking to me.

Therapist: I look forward to us meeting again. (She hands Oksana the paper with the scale on it)

And meanwhile if you are still having trouble sleeping you are still having you can try one of these 2 techniques (she hands her 2 sheets of paper containing the *Rapid Relaxation Exercise* and the *Three Happiness Questions* which have been translated into Oksana’s native language ).[[15]](#footnote-16)

### **Counterbalance : Solution-Focused Exceptions**

Even in the context of severe hardship, recent trauma, and traumatic loss, resources and strengths continue to exist within the client’s repertoire of previous adaptive behaviors and cognitions. Referred to as *exceptions*, these personal skills comprise invaluable resources for survival, coping with adversity and ultimately finding ways to carry on with a life that has been in many cases irreversibly changed. Exceptions are invaluable for helping clients counterbalance ongoing painful emotions associated with traumatic experiences and gather courage needed to carry on with their lives.

SF exceptions can perhaps be best understood as those uniquely adaptive behaviors and cognitions that characterize clients’ past and more recent experiences of relative well-being. Because SF exceptions already exist within the client’s behavioral repertoire, they constitute a powerful resource in the wake of trauma; they are already familiar to the client and therefore easier to replicate as needed. Exceptions can be used to counterbalance the effects of the trauma, ease or relieve PTSD symptoms, and envision a meaningful and rewarding future inclusive of but not defined by traumatic past events.

In the context of PTSD, exceptions comprise essential resources not just for symptomatic relief and physical and psychological survival but for navigating everyday life and moving in the direction of positive change.

**Using SF “Instead” Question to help Client Identify Potential Exceptions**

Not surprisingly, people coping with the aftermath of trauma oftentimes find it easier to describe what they don’t want to continue (intrusive memories, insomnia, flashbacks, chaos) than what they want to have happen. Asking people in these situations what they want “instead” is a helpful way to generate specific goals and initiate a plan for the client to begin implementing desired changes in cognition or behavior.

**Case Excerpt: Sofia**

Therapist: What would it be most helpful for us to talk about today?

Sofia: I find myself constantly feeling enraged about what happened to me and to my family. I know I have good reason to be angry, but being mad all the time is not good for me. I can feel my heart racing and my stomach gets upset. I read in a self-help book that it is helpful to pound pillows, so I tried that but afterwards I felt just as angry as before and I was even more exhausted.

Therapist : I certainly can see why you feel you have good reason for your anger, and yet I can also understand what you mean about wanting to spend less time feeling upset. Let’s suppose you started spending less time feeling angry, what would you ideally want to be doing or thinking about *instead*?

Sofia: It is starting to be Spring here. I love springtime. I love seeing trees and beginning to have green buds and flowers beginning to bloom. I would like to take a walk and focus on that instead of only my anger.

Therapist: That is a nice clear description. Is there anything else you would like to be doing , thinking about tor focusing on instead of your anger?

Sofia: This kind of goes with the walking I guess, but I would like to get more exercise. I would also spend more time learning new things, especially learning a new language so that I will have more opportunities for work.

Therapist: Another really clear idea. Anything else that you would like to do instead of focusing primarily on the anger?

Sofia: I would like to listen to more music.

Therapist: Any special kind of music?

Sofia: I used to study classical piano. I would like to resume my studies.

Therapist: Wow! How many years did you study classical piano.

Sofia: 5 years.

Therapist: You must be very good.

Sofia: I was. I would like to continue.

Therapist: That too is part of the instead?

Sofia: Yes, it is.

Therapist: Looking at buds and flowers, taking springtime walks, getting exercise, improving your language skills, listening to music, studying piano. These are all great goals.

Sofia: Yes I think they are. They make me happy.

Therapist: Is it ok if I draw a diagram to help me better understand?

Sofia: Ok.

Therapist: (Draws a scale from 0-10).

0—————————————————————————————————————10

Let’s suppose on a scale of 0-10, 10 represents that you are doing all of these things you described, what would that be like?

Sofia: It would be a lot better——I would be happier..

Therapist: And let’s suppose that the other end of the scale, a 0 represents the point in time before you identified that these are things you want to start doing more of; where would you say you are now on the scale; know you are not a 0 and of course you are not yet a 10, where would you say you are on the scale right now? (She hands a pencil and the piece of paper with the scale on it to Sofia ).

Sofia: (Marks a point on the scale representing 1).

Therapist: What number should we call this?

Sofia: 1.

Therapist: What makes it a 1?

Sofia: I listened to some music this past week; it was on the radio,

Therapist: What was that like for you?[[16]](#footnote-17)

Sofia: I liked it.

Therapist: Is there anything else I should ask you or that you think it would be important to tell me about things you are doing or could potentially do that are helpful?

Sofia: No, I think that is it for now?

Therapist: The, before I end today, may I offer you and idea for an experiment?

Sofia: Okay

Therapist:( Handing the client the piece of paper with the scale on it) . First of all, I think you know yourself well and you are on the right track, so I would like you to experiment with doing some of the things you talked about today: enjoying the buds and flowers, taking walks, listening to music, exploring the possibility of continuing your music studies.[[17]](#footnote-18)

Focusing on what she valued doing provided a vehicle for Sofia to distance from her anger without deliberately trying to not be angry about a situation about which it would likely be impossible to feel otherwise. SF *Instead* questions oftentimes provide a map for recreating reclaiming previously existing resources (exceptions) or developing new ones.

### **A Few Final Words**

Although I have limited the focus of this paper to the core SFBT techniques that are likely to be most helpful when working with traumatized clients, please bear in mind that SFBT is not and never was intended to be a rigid, “one size fits all” approach. Therapists should not hesitate to incorporate additional strategies that they know will also be helpful. Of course the best criterion to determine the efficacy of any therapeutic technique or strategy is whether the client finds it useful and helpful. The SF approach assumes clients are ultimately the most reliable experts on their own ongoing life experience, and when asked in a meaningful way, can readily discern what has and has not proven helpful up until now, and how, (especially given some support and respectfully asked the right SF questions ) they can best navigate their current circumstances

Lastly, because so many survivors of trauma subsequently experience difficulties with sleeping and finding reliable ways to relax, and sometimes struggle to reconnect to the positive aspects of life they once enjoyed I have included two resources that they can take home with them: While the following two techniques are not an official part of the evidence-based version of SFBT, they are consistent with the spirit of the SF approach. I have used them for many years with great success.

The first is a *Rapid Relaxation Technique* which I adapted many years ago from a protocol invented by the late Mrs. Betty Erickson. A major advantage of this technique is that it does not require silence or tranquil surroundings in order to be utilized effectively. It will work in a noisy environment as well as a peaceful forest.

The second, The *Three Happiness Questions* created by the late, Luc Isebaert, an eminent neuro-psychiatrist and original founder of the Korzybski Insititue and the International Alliance of Solution-Focused Training Institutes (IASTI).

## Rapid Relaxation Technique

Sit in a comfortable position and pick a neutral place to focus your gaze. While breathing in a deep but relaxed manner, silently name 5 things you currently see, 5 things you currently hear, 5 physical sensations you are currently experiencing, such as the feeling of your eyelids blinking etc. Then progressively name 4 things you currently see, hear and physically feel, 3 things you currently see, hear and physically feel, 2 things you currently see, hear and physically feel, 1 thing you currently see, hear and physically feel, repeating the sequence as needed until you reach a nice relaxed state, or if using to get to sleep, until you fall asleep or are as relaxed as you wish to be.

It is not necessary to name several different things in each category, it is ok to repeat ones you have already mentioned. However, it is not necessary to repeat the same ones over and over again either; this a very flexible technique. Also, if you are doing this at night in a very dark room and can’t see colors or shapes , you can simply say, “I see the dark” or, similarly in a very quiet place, you can simply “hear the silence” etc. . Don’t worry if you get mixed up or lose track of which category you are naming --- getting mixed up usually means you are starting to “let go” and relax! You can stop whenever you decide you are sufficiently relaxed. This can also be used as a way to fall asleep. This technique should NEVER be used however when you are driving or operating heavy equipment as it is powerfully relaxing.

Here is a simple guide, silently identify:

5 Sights, 5 Sounds, 5 Physical Sensations,

4 Sights, 4 Sounds, 4 Physical Sensations

3 Sights, 3 Sounds, 3 Physical Sensations

2 Sights, 2 Sounds, 2 Physical Sensations

1 Sight, 1 Sounds, 1 Physical Sensations

Repeat as needed.

## The Three Happiness Questions

By Luc Isebaert, M.D.

## You can build happiness if you do things you value and if you find satisfaction in what you have. Why not take a few minutes every day to reflect on how you have been working to build happiness for yourself and for those around you? Take a few minutes every evening or whenever you feel like it to ask yourself the following questions:

## 1. What did I do today that I feel good about?

## 2. What has someone else done today (or recently) that I am happy with? Did I react in such a way that this person will perhaps do something like that again?

## 3. What did I see, hear, feel, smell, taste, today that I like?

## References

Bannick, R. (2014). Post-traumatic Success. New York : W.W. Norton.

de Shazer, S. & Dolan, Y., with Korman, H., McCollum, E., Trepper, T., & Berg, I. K. (2021). More than Miracles: The state of the art of solution-focused brief therapy, 2nd Ed. London: Routledge Press.

Kim, J. S. (2018). Intersection of SFBT and Trauma. In A.S. Froerer, J. von Cziffra-Bergs, J. Kim, J., & E. Connie (Eds.), *Solution-focused brief therapy with clients managing trauma*. Oxford University Press, pp. 10-24.

Kim, J.S., and Froerer, A.S. (2018). Intersection of SFBT and Trauma. In A.S. Froerer, J. von Cziffra-Bergs, J. Kim, and E. Connie (Eds). *Solution-Focused Brief Therapy With Client's Managing Trauma*. New York: Oxford Press.

Kim, J., Jordan, S. S., Franklin, C., & Froerer, A. (2019). Is solution-focused brief therapy evidence-based? An update 10 years later. *Families in Society*, 100(2), 127-138.

von Cziffra-Bergs, J. (2018). SFBT and Violent Crime. In A. S.-B. Froer, Solution-Focused Brief Therapy with Clients Managing Trauma (pp. 57-58). New York: Oxford Press .

1. Notice that although the SF therapist expresses sympathy and acknowledges the inadequacy of words to express the extreme level of pain the client is experiencing, he deliberately continues to respectfully focus on the client’s goal. [↑](#footnote-ref-2)
2. The therapist first explains the reason for drawing the scale and respectfully asking permission before drawing, which is very important when working with people who have experienced trauma. [↑](#footnote-ref-3)
3. The “Opposite” serves to represent what the client doesn’t want or likely fears without unnecessarily requiring them to go through the painful process of describing what they do not want to have happen. [↑](#footnote-ref-4)
4. Asking where he is finding the strength is an *indirect compliment* that serves to further connect him with the strength he needs to get through this excruciatingly painful time. [↑](#footnote-ref-5)
5. Notice how SF therapists are careful to incorporate the clients’ exact words whenever helpful. [↑](#footnote-ref-6)
6. This is a *direct compliment*. SF therapists try to never miss an opportunity to give a legitimate compliment based on what they observe in a session. [↑](#footnote-ref-7)
7. Notice how the therapist is careful to utilize the client’s exact words whenever possible. [↑](#footnote-ref-8)
8. This is an example of the *Safety Net* Q*uestion* which SF therapists ask to ensure that they have not inadvertently missed something important. SF sessions traditionally end after the Safety Net Question has been asked and the client has been given some compliments. [↑](#footnote-ref-9)
9. Traumatized clients benefit from being reassured about the therapist’s positive intentions and being asked permission prior to asking questions. [↑](#footnote-ref-10)
10. This is a *direct compliment*. While some clients feel supported by direct compliments, not everyone responds well to them, particularly in crisis situations. [↑](#footnote-ref-11)
11. *Indirect compliments* in the form of asking “how did you do it” serve to elicit a self-compliment from the client. [↑](#footnote-ref-12)
12. Notice how the therapist asks permission before proceeding. [↑](#footnote-ref-13)
13. Although the SFBT approach emphasizes utilizing clients’ already existing resources, SF therapists do not hesitate to offer important information that they think the client might need or find helpful in order to move forward. [↑](#footnote-ref-14)
14. It is not unusual for clients to go up on the scale during a session. [↑](#footnote-ref-15)
15. The *Rapid Relaxation Exercise* and the *Three Happiness Questions* are included at the end of this article. [↑](#footnote-ref-16)
16. Asking detailed questions about exceptions amplifies them. [↑](#footnote-ref-17)
17. Notice how the therapist ends the session with a compliment and then summarizes Sofia’s ideas without referring to anger or using the word “instead,” she simply suggests that Sofia experiment with the good ideas for activities. Not directly mentioning the anger or “instead” is an important detail because it is typically much easier to deliberately focus on something else and very difficult to deliberately try to **not** think about something (in this case, anger). [↑](#footnote-ref-18)